

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000018091

FILED  
Sep 25, 2007  
Secretary of State

Entity Name: JACARM INC.

**Current Principal Place of Business:**

5480 FAIRWAY DR.  
RIDGE MANOR, FL 33523

**New Principal Place of Business:**

**Current Mailing Address:**

5480 FAIRWAY DR.  
RIDGE MANOR, FL 33523

**New Mailing Address:**

FEI Number: 90-0151512      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CONRAD, TEMAN  
5480 FAIRWAY DR.  
RIDGE MANOR, FL 33523      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: TEMAN CONRAD

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( )

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CONRAD, TEMAN B  
Address: 5480 FAIRWAY DR.  
City-St-Zip: RIDGE MANOR, FL 33523

Title: D ( ) Delete  
Name: CONRAD, DOUGLAD  
Address: 6 HASKELL ST.  
City-St-Zip: BEVERLY, MA 01915

Title: VT ( ) Delete  
Name: GOULD, CARMEN  
Address: 5480 FAIRWAY DR.  
City-St-Zip: RIDGE MANOR, FL 33523

Title: D ( ) Delete  
Name: CONRAD, DENISE A  
Address: 6 HASKELL ST.  
City-St-Zip: BEVERLY, MA 01915

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: CONRAD, DOUGLAS  
Address: 6 HASKELL ST.  
City-St-Zip: BEVERLY, MA 01915

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TEMAN CONRAD

Electronic Signature of Signing Officer or Director

PRES

09/25/2007

Date