


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000040392 1. Entity Name JORDAN HUNTER, INC.		 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 06 NOV -2 PM 5:29 REINSTATEMENT 06	
Principal Place of Business 7061 GRAND NATIONAL DR. STE 124 ORLANDO, FL 32819		Mailing Address 7061 GRAND NATIONAL DR. STE 124 ORLANDO, FL 32819	
2. Principal Place of Business 2910 PADDINGTONWAY Suite, Apt. #, etc. N/A		3. Mailing Address 2910 PADDINGTONWAY Suite, Apt. #, etc. 	
City & State KISSIMMEE FL		City & State KISSIMMEE FL	
Zip 34747		Zip 34747	
Country 		Country 	
4. FEI Number 05-0561380		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SVEJDA, PAUL J 7061 GRAND NATIONAL DRIVE SUITE 124 ORLANDO, FL 32819		7. Name and Address of New Registered Agent Name RODNEY LEIGH Street Address (P.O. Box Number is Not Acceptable) 2910 PADDINGTONWAY HINDFIENDS City KISSIMMEE FL Zip Code 34747	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEIGH, CHRISTINE M 3112 SARATOGA DR. KISSIMMEE, FL 34743 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEIGH CHRISTINE 2910 PADDINGTONWAY KISSIMMEE FL 34747 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with another like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 10/31/2006 Daytime Phone # _____	