2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Sep 20, 2005
Secretary of State

DOCUMENT# P03000066190

Entity Name: JKA HOME DEVELOPMENT CORP. 2

Current Principal Place of Business:

12555 BISCAYNE BLVD.
#736
MIAMI, FL 33004

New Principal Place of Business:

12555 BISCAYNE BLVD.
#736
MIAMI, FL 33181

Current Mailing Address:

12555 BISCAYNE BLVD.
#736
MIAMI, FL 33004

New Mailing Address:

12555 BISCAYNE BLVD.
#736
MIAMI, FL 33181

FEI Number: 04-3716874 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DIMONDA, KRISTEN
12555 BISCAYNE BLVD.
#736
MIAMI,, FL 33004 US

Name and Address of New Registered Agent:

DIMONDA, ANTHONY
12555 BISCAYNE BLVD.
#736
MIAMI,, FL 33004 US

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: ANTHONY DIMONDA 09/20/2005
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: S/T ( ) Delete
Name: DIMONDA, KRISTEN
Address: 12555 BISCAYNE BLVD #736
City-St-Zip: MIAMI, FL 33181

Title: PRES ( ) Delete
Name: DIMONDA, ANTHONY
Address: 12555 BISCAYNE BLVD #736
City-St-Zip: MIAMI, F; 33181

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S/T (X) Change ( ) Addition
Name: DIMONDA, ANTHONY
Address: 12555 BISCAYNE BLVD #736
City-St-Zip: MIAMI, FL 33181

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ANTHONY DIMONDA PRES 09/20/2005
Electronic Signature of Signing Officer or Director Date