


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P03000095973</b> 1. Entity Name KJDD INCORPORATED	
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FILED  
04 NOV -3 AM 10: 10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 1835 S FEDERAL HWY STUART, FL 34994 US	Mailing Address 1835 S FEDERAL HWY STUART, FL 34994 US
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2. Principal Place of Business <i>FLIPO'S FT. SUBS</i> Suite, Apt. #, etc.	3. Mailing Address <i>S/A</i> Suite, Apt. #, etc.
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10282004 REIN-P CR2E098 (6/04)

City & State <i>STUART FL.</i>	City & State <i>S/A</i>
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4. FEI Number <i>20-0185564</i>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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Zip <i>34994</i>	Country <i>Martin</i>	Zip <i>S/A</i>	Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  DEFILIPPO, KAREN 1835 S FEDERAL HWY STUART, FL 34997	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ State <b>FL</b> Zip Code _____
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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: *Karen J. Defilippo* DATE: *10-31-4*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PRES	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEFILIPPO, KAREN <input type="checkbox"/> Delete	NAME	
STREET ADDRESS	1835 S FEDERAL HWY	STREET ADDRESS	<b>300042435793</b>
CITY-ST-ZIP	STUART, FL 34997	CITY-ST-ZIP	<b>11/03/04--01031--007 **150.00</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 all other like empowered.

SIGNATURE: *Karen J. Defilippo* DATE: *10-31-4*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR