2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000139680

FILED Nov 10, 2004 Secretary of State

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Entity Na	me: JMA BUILDER CORP.			
Current P	rincipal Place of Business:	New Principal Place of Business:	New Principal Place of Business:	
733 CARROLL AVE. SW		3308 AVENUE I NW		
WINTER H	HAVEN, FL 33880	WINTER HAVEN, FL 33881		
Current M	lailing Address:	New Mailing Address:	New Mailing Address:	
733 CARROLL AVE. SW		3308 AVENUE I NW		
WINTER HAVEN, FL 33880		WINTER HAVEN, FL 33881		
FEI Number:	: FEI Number Applied For ()	FEI Number Not Applicable (X) Certificate of State	tus Desired()	
Name and	Address of Current Registered Agent:	Name and Address of New Registered	Name and Address of New Registered Agent:	
SANDCRO	OFT, ALBERT	SANDCROFT, ALBERT		
733 CARR	OLĹ AVE. SW	3308 AVENUÉ I NW		
WINTER H	HAVEN, FL 33880 US	WINTER HAVEN, FL 33881 US		
	named entity submits this statement for the e of Florida.	purpose of changing its registered office or registere	d agent, or both,	
SIGNATU	RE: ALBERT SANDCROFT	11/10/200	04	
	Electronic Signature of Registered Ag	gent Date		
	ce with s. 607.193(2)(b), F.S., the corporation did r	not receive the prior notice.		
	mpaign Financing Trust Fund Contribution ().	ADDITIONS/OUANOES TO SEFICED	AND DIDECTORS	
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS:	
Title:	P/S () Delete	Title: () Change () Additio	n	
Name:	SANDCROFT, ALBERT	Name:		
Address:	733 CARROLL AVE. SW	Address:		
City-St-Zip:	WINTER HAVEN, FL 33880	City-St-Zip:		
Title:	VP () Delete	Title: () Change () Additio	n	
Name:	ADAMS, MAURICE	Name:		
Address:	1776 HARDEN BLVD. #23	Address:		
City-St-Zip:	LAKELAND, FL 33803	City-St-Zip:		
Title:	T () Delete	Title: () Change () Additio	'n	
Name:	WHYNTER, OMAR	Name:		
Address:	3270 GRAND PINES	Address:		
City-St-Zip:	LAKELAND, FL 33810	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: ALBERT SANDCROFT CO 11/10/2004