

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000000909

Entity Name: J POOD INSTALLATIONS INC

FILED
Oct 19, 2004
Secretary of State

Current Principal Place of Business:

366 SE DALVA AVE
PORT ST LUCIE, FL 34984

New Principal Place of Business:

Current Mailing Address:

366 SE DALVA AVE
PORT ST LUCIE, FL 34984

New Mailing Address:

FEI Number: 20-0544963

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POOD, JASON
366 SE DALVA AVE
PORT ST LUCIE, FL 34984 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:

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: PVT () Delete
Name: POOD, JASON
Address: 366 SE DALVE AVE
City-St-Zip: PORT ST LUCIE, FL 34984

Title: S () Delete
Name: SMITH, KEITH
Address: 366 SE DALVE AVE
City-St-Zip: PORT ST LUCIE, FL 34984

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: JASON POOD

PVT

10/19/2004

Electronic Signature of Signing Officer or Director

Date