

**2009 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Aug 07, 2009  
Secretary of State**

DOCUMENT# P04000000909

Entity Name: J POOD INSTALLATIONS INC

**Current Principal Place of Business:**

1017 SW JENNIFER TERRACE  
PORT ST LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

1017 SW JENNIFER TERRACE  
PORT ST LUCIE, FL 34953

**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  
1017 SW JENNIFER TERRACE  
PORT ST LUCIE, FL 34953    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: JASON POOD

\_\_\_\_\_  
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: 1017 SW JENNIFER TERRACE  
City-St-Zip: PORT ST LUCIE, FL 34953

Title: VP      ( ) Delete  
Name: POOD, CARMEN  
Address: 1017 SW JENNIFER TERRACE  
City-St-Zip: PORT ST LUCIE, FL 34953

**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 exemption stated 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 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: CARMEN POOD

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

VP

08/07/2009

\_\_\_\_\_  
Date