2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 28, 2005
Secretary of State

DOCUMENT# P04000038073

Entity Name: JM AUTOMATION SERVICES INC

Current Principal Place of Business:

7154 N UNIVERSITY DR
TAMARAC, FL 33321

New Principal Place of Business:

3527 WILES RD
103
COCONUT CREEK, FL 33073

Current Mailing Address:

7154 N UNIVERSITY DR
TAMARAC, FL 33321

New Mailing Address:

265 S. FEDERAL HWY
276
DEERFIELD BEACH, FL 33441

FEI Number: 20-0788288 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REZENDE, MARCOS A
822 SE 9TH ST
PALM PLAZA
DEERFIELD BEACH, FL 33441 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: MARCOS A REZENDE

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: P ( ) Delete
Name: MELNEK, MARIA AMELIA F
Address: 7154 N UNIVERSITY DR
City-St-Zip: TAMARAC, FL 33321

Title: VP ( ) Delete
Name: MELNEK, JUAN C
Address: 7154 N UNIVERSITY DR
City-St-Zip: TAMARAC, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS (X) Change ( ) Addition
Name: MELNEK, MARIA AMELIA F
Address: 3527 WILES RD #103
City-St-Zip: COCONUT CREEK, FL 33073

Title: VPDT (X) Change ( ) Addition
Name: MELNEK, JUAN C
Address: 3527 WILES RD #103
City-St-Zip: COCONUT CREEK, FL 33073

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: MARIA AMELIA F MELNEK PDS 11/28/2005

Electronic Signature of Signing Officer or Director — Date