

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000101833

1. Entity Name  
J.M.D. DEVELOPERS, INC.



Principal Place of Business  
8281 NW 146TH TERR  
MIAMI LAKES, FL 33016

Mailing Address  
8281 NW 146TH TERR  
MIAMI LAKES, FL 33016

2. Principal Place of Business  
1126 Turner Lane  
Suite, Apt. #, etc.

3. Mailing Address  
1126 Turner Lane  
Suite, Apt. #, etc.

City & State  
Altamonte Springs  
Zip  
FL

City & State  
Altamonte Springs  
Zip  
32714  
Country  
USA

11032005 REIN-P CR2E098 (6/04)

4. FEI Number  
20-1347672

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
HERNANDEZ, MAYLIN  
8281 NW 146TH TERR  
MIAMI LAKES, FL 33016

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

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: *Maylin Hernandez* DATE: 11/03/2005  
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00  
After January 1, 2006, Fee will be \$900.00

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERNANDEZ, MAYLIN 8281 NW 146TH TERR MIAMI LAKES, FL 33016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Hernandez, Maylin 1126 Turner Lane Altamonte Springs, FL 32714	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hernandez, Maylin 1126 Turner Lane Altamonte Springs, FL 32714	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500061221915 11/08/05--01002--005 **750.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Maylin Hernandez* DATE: 11/03/2005 (407) 699-8500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
05 NOV -7 PM 1:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

