## 2006 FOR PROFIT CORPORATION REINSTATEMENT

KEINSIAIEMENI			1	LED		
DOCUMENT # P04000101833				Septem April		
1. Entity Name J.M.D. DEVELOPERS, INC.			2006 OCT	12 PM 4: 14		
Principal Place of Business	Mailing Address		CEOPET	TARY OF STATE		
1126 TURNER LANE	1126 TURNER LANE		TALLAH	TARY OF STATE ASSEE, FLORIDA		
ALTAMONTE SPRINGS, FL 32714	E SPRINGS, FL 32714 ALTAMONTE SPRINGS, FL 32714		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
2. Principal Place of Business						
126 Tixner Lane Suite, Apt. #, etc.			10092006 REIN-P	CR2E098 (11/05)		
04. 1. 0	074.4.0					
Altamente Server, FC	A Itemonte	Souns	4. FEI Number 20-1347672	Applied For Not Applicable		
Zip Country Country	Zip (U	Seminol	5. Certificate of Status De	esired S8.75 Additional		
6. Name and Address of Current	Registered Agent	1 3C17 (17-3C	7. Name and Address of	Fee Required  F New Registered Agent		
Name						
HERNANDEZ, MAYLIN 8281 NW 146TH TERR Street Address (P.			is (P.O. Box Number is Not Acc	ceptable)		
MIAMI LAKES, FL 33016						
		City		Zip Code		
The above named entity submits this statement to	r the ourness of changing its		stared agent or both in the Sta	TL		
the obligations of registered agent.	in the purpose of changing its	registered trilice of regis	stelled again, or boar, in the ota	te or ribrida. Tarriamina with and accept		
SIGNATURE SOLLY WOLL	nands)	PD		10/6/06		
Signature, typed cybrinted name of registered agent	and title if applicable. (NOTI	E: Registered Agent algosture re	quired when reinstating)	'DATE !		
FILE NOWIII FEE IS \$750.00 After January 1, 2007, Fee will be \$900.0	10					
10. OFFICERS AND		11.	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME HERNANDEZ, MAYLIN	☐ Delete	TITLE NAME				
STREET ADDRESS 1126 TURNER LANE		STREET ADDRESS	10/12/08(	01911012 <b>**</b> 750.00		
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 327	<del></del>	CITY-ST-ZIP		5.0 5.150		
TITLE S NAME HERNANDEZ, MARYLIA	☐ Delete	TITLE NAME		☐ Change ☐ Addition		
STREET ADDRESS 1126 TURNER LANE		STREET AODRESS				
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 327		CITY-ST-ZIP		Channe		
TITLE NAME	Delete	TITLE NAME		☐ Change — ☐ Addition		
STREET ADDRESS		STREET ADDRESS				
CITY-ST-ZIP	☐ Delete	CITY-ST-ZIP TITLE		☐ Change ☐ Addition		
NAME	C) Delete	NAME		C Vienge C Madein		
STREET ADDRESS City-St-ZIP		STREET ADDRESS City-St-Zip				
TITLE	☐ Delete	TITLE		☐ Change ☐ Addition		
NAME		NAME				
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP				
TIFLE	☐ Delete	TITLE		☐ Change ☐ Addition		
NAME		NAME				
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS City-St-Zip				
<u> </u>		12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.				
12. I hereby certify that the information supplied with	this filing does not qualify fo	r the exemptions contain	ned in Chapter 119, Florida Sta	atutes. I further certify that the information		
12. I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee employment of the corporation of the corporation of the corporation of the receiver of the corporation of the receiver with a placeton.	this filing does not qualify for the true and accurate and that nowered to execute this report with all other like amounted	r the exemptions contain my signature shall have the as required by Chapter	ned in Chapter 119, Florida Sta he same legal effect as if made 607, Florida Statutes; and that i	atutes. I further certify that the information under oath; that I am an officer or director my name appears in Block 10 or Block 11 if		
	this filing does not qualify fo true and accurate and that nowered to execute this report with all other like empowered.	r the exemptions contain ny signature shall have the as required by Chapter	ned in Chapter 119, Florida Ste he same legal effect as if made 607, Florida Statutes; and that i			
SIGNATURE: Lesin	this filing does not qualify to true and accurate and that nowered to execute this report with all other like empowered.	PD	ned in Chapter 119, Florida States ame legal effect as if made 507, Florida Statutes; and that i	atutes. I further certify that the information under oath; that I am an officer or director my name appears in Block 10 or Block 11 if  Deytime Phone #		

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