

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 OCT 12 PM 4:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10092006 REIN-P CR2E098 (11/05)

<b>DOCUMENT # P04000101833</b> 1. Entity Name J.M.D. DEVELOPERS, INC.					
Principal Place of Business 1126 TURNER LANE ALTAMONTE SPRINGS, FL 32714			Mailing Address 1126 TURNER LANE ALTAMONTE SPRINGS, FL 32714		
2. Principal Place of Business 1126 Turner Lane Suite, Apt. #, etc.		3. Mailing Address PO Box 160343 Suite, Apt. #, etc.			
City & State Altamonte Springs, FL		City & State Altamonte Springs, FL		4. FEI Number 20-1347672	
Zip 32714		Country Seminole		5. Certificate of Status Desired <input type="checkbox"/> \$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 <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>	
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: <u>[Signature]</u> PD <span style="float: right;">10/6/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! FEE IS \$750.00</b>  <b>After January 1, 2007, Fee will be \$900.00</b> </div> <div></div> <div></div> </div>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE PD NAME HERNANDEZ, MAYLIN STREET ADDRESS 1126 TURNER LANE CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Delete		<div style="text-align: center;">         600080765765          10/12/06--01011--012 **750.00       </div>		
TITLE S NAME HERNANDEZ, MARYLIA STREET ADDRESS 1126 TURNER LANE CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
SIGNATURE: <u>[Signature]</u> PD <span style="float: right;">10/9/06 407-699-8500</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

10/17/06