

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P0400011138

1. Entity Name
JDS AMERICA SUPPLY CORP



06 JUN 15 AM 8:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

05-06 RSC



Principal Place of Business
14084 NW 88 CT
MIAMI LAKES, FL 33018

Mailing Address
14084 NW 88 CT
MIAMI LAKES, FL 33018

2. Principal Place of Business

5250 NW 114 AVE

3. Mailing Address

5250 NW 114 AVE

Suite, Apt. #, etc.

104

Suite, Apt. #, etc.

104

City & State

DORAL, FL

City & State

DORAL, FL

Zip

33178

Country

USA

Zip

33178

Country

USA

06142006

REIN-P

CR2E098 (11/05)

4. FEI Number

20-1429546

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TAVIO, ORLANDO
14084 NW 88 CT
MIAMI LAKES, FL 33018

7. Name and Address of New Registered Agent

Name

Orlando TAVIO

Street Address (P.O. Box Number is Not Acceptable)

5250 NW 114 AVE

UNIT 104

City

DORAL

FL

Zip Code

33178

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6-14-06

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME TAVIO, ORLANDO
STREET ADDRESS 14084 NW 88 CT 5250 NW 114 AVE
CITY-ST-ZIP MIAMI LAKES, FL 33018 MIAMI FL 33178

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700076641737
06/27/06--01037--015 **300.00

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STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-14-06 305 804 5059

Date

Daytime Phone #