2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000139829

1. Entity Name
RENOVATIONS BY J.D., INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB 16 AM 11:45

REINSTATEMENT 05-06

Principal Place of Business	Mailing Address
457 SW BILL TRAITEL AVE PORT ST LUCIE, FL 34953	457 SW BILL TRAITEL AVE PORT ST LUCIE, FL 34953

01312006 REIN-P CR2E098 (11/05)

2. Principal Place of Business	3. Mailing Address
873 SW Belmont Circle	873 SW Belmont Cir.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port St. Lucie FL	City & State: Port St. Lucie FL
Zip: 34953 Country: USA	Zip: 34953 Country: USA

4. FEI Number ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALVAREZ, JUAN D 457 SW BILL TRAITEL AVE PORT ST LUCIE, FL 34953	Name: Same 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: Juan D Alvarez
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ALVAREZ, JUAN D 457 SW BILL TRAITEL AVE PORT ST LUCIE, FL 34953	☐ Delete	P Juan D. Alvarez 873 SW Belmont Circle Port St. Lucie, FL 34953	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS ALVAREZ, LUISA M 457 SW BILL TRAITEL AVE PORT ST LUCIE, FL 34953	☐ Delete	VS Luisa M. Alvarez 873 SW Belmont Circle Port St. Lucie FL 34953	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

000066333150
02/22/06--01026--011 **300.00

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: Juan D. Alvarez 772-370-5359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #