

07/23/2007 MON 10:20 FAX

001/001

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

07 JUL 25 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDACORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P04000171736

1. Corporation Name

J.D. INVESTMENT MANAGEMENT, CORP

2. Principal Office Address - No P.O. Box #

2999 N.E. 191 ST

3. Mailing Office Address

2999 NE 191 ST

Suite, Apt. #, etc.

603

Suite, Apt. #, etc.

603

City &amp; State

AVENTURA FL

City &amp; State

AVENTURA FL

Zip

33180

Country

DADE

Zip

33180

Country

DADE

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

86-1124572

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required

## 7. Name and Address of Current Registered Agent

Name

Alex SORSHER

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

2500-1 N. State Rd 7

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33021

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Date 7/23/07

REGISTERED AGENT MUST SIGN

## 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Shloush Jacky	2999 NE 191 ST	AVENTURA FL 33180

REINSTATEMENT

07-07

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

07-23-07

305 466 9908

305 761 7127