

2006 FOR PROFIT CORPORATION REINSTATEMENT

9/12/06 - 90010-050 - \$150.00

DOCUMENT # P05000036431

1. Entity Name
JD ACQUISITION GROUP, INC.



FILED

06 OCT -2 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
13899 BISCAYNE BLVD.,
221
NORTH MIAMI BEACH, FL 33181

Mailing Address
1885 S.W. 163RD AVENUE
221
MIRAMAR, FL 33027

2. Principal Place of Business
1360 Dogwood Dr.
Suite, Apt. #, etc.
305-201

3. Mailing Address
1360 Dogwood Dr.
Suite, Apt. #, etc.
305-201

09272006 REIN-P CR2E098 (11/05)

City & State
Conyers GA
Zip
30013
Country
US

City & State
Conyers GA
Zip
30013
Country
US

4. FEI Number
83-0425352
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PORTER, EUGENE JR
13899 BISCAYNE BLVD
221
NORTH MIAMI BEACH, FL 33181

7. Name and Address of New Registered Agent

Name
TAMIA Carey
Street Address (P.O. Box Number is Not Acceptable)
15970 SW 5th St
City
Pembroke Pines FL Zip Code
33027

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9/27/06

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
RILEY, DEVON
1885 S.W. 163RD AVENUE
MIRAMAR, FL 33027 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Riley Devon
1360 Dogwood Dr Ste 305-201
Conyers, GA 30013 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: *Devon Riley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/27/06

Date

Daytime Phone #