PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COF	RPORATION		FLORIDA DEP	DEPARTMENT OF STATE		FILED				
	STATEMENT			etary of Sta		0	7 DEC 24	PM 1: 17		
~		New York				S	FGs	: STATE		
DOCUMENT # PC5CCCC59 747. 1. Corporation Name						SEGNETAL E STATE TALLAHASSEE, FLORIDA				
JDS Equipment + Services, INC.						000113376230 12/24/0701052019 **300.00				
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address							o. 0150c	. 010	~~ • ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
				Ramblewood South			CR2	E081 (1/07)		
Suite, Apt. #, etc. Suite, Apt. #, etc.							4. Date Incorporated or Qualified To Do Business in Florida			
City & State City & State				5. FEI Nun			419919006			
mulberry FL mult				 		3. FEI Number			Applied For Not Applicable	
Zip Gountry Zip 3384				Country	114	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status				
7. Name and Address of Current Registered Agent						,				
Name MillS XSPDD D						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				
Street Address (P.O. Box Number is Not Acceptable) L13910 Bamble L. Cod Swith										
Suite, Apt. #, Etc.										
City State Zip Code						fee be waived. III 120 7				
mulberry FL FL 33860							REINCTATEMENT			
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 REGISTERED AGENT MUST SIGN						Date 12-18-07				
Q Name	s and Street Addresses		2 2 2							
Titles		Name of	ror Director (Florida fil	Stre	et Address of Each			City / State / Zip)	
· : `	N 0						-		~~~	
<u>+</u>	mills, Joseph D			SHO KA	amblewe	od South mentiperry FL 338100				
<u>/ih</u>	mills Sheila A			4394 Rambelland			1 South Mulberry FL 335700			
S	mills, Sheila A			4396 RAMblewood			47 mulberry FL 33860			
T	mills, J	ose.pn	D 43	Fle RE	anderm	Od Swith	mulbe	erry fl	33860	
10	mills, J	obedh	D U^2	file Rp	mbaico	nt Saan	mulh	errist :	3386U	
n	mills, S	heila	A 42				1.		3387.0C	
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 filling										
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: JOHN JUB 12-18-07 SUB-94999 Daytime Phone #										