2008 FOR PROFIT CORPORATION REINSTATEMENT

KEINSTATEMENT						L 5 4				
DOCUMENT # P06000103096							. <u>L</u> [)		
1. Entity Name JWM SALES, INC.						08 MAY 29	AM 9	: 1. 1		
	- Communication of the Communi					DELKETARY LLAHASSE	TIE CT	*****		
Principal Place of Business Mailing Address					1,4	LLAHASSE	E. FI n	ATE		
4020 BEACO CLERMONT, F		4020 BEACON RIDGE WAY CLERMONT, FL 34711						MIDA		
CLEIMION 1, 1	L 34711	OLLIMONI, IL 34771								
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04302008	REIN-P		E098 (1/07)			
City & State		City & State		4. 55 Jumbs	53388	36	No	plied For t Applicable		
Zip	Country	Zip Coun		ry	5. Certificate	of Status Desired		\$8.75 Add Fee Required		
6. Name and Address of Current Registered Agent					7. Name and	Address of New I	Registered	Agent		
MOSES, J	ERFMY W		Name							
4020 BEAG	CON RIDGE WAY IT, FL 34711		Street Addres			(P.O. Box Number is Not Acceptable)				
			-					1		
				City			FI			
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) DATE										
	Signature, typed or printing righting or registered age	and and use it appareaute. (NOT	ic: Registere	n viðaur siðirsmis isdn	area when remaining)		DATE			
FII	LE NOW!!! FEE IS \$300.00					In accordance corporation did	with s. 60 I not recei	7.193(2)(b), ve the prior r	F.S., the notice.	
10.		ID DIRECTORS	11.			CHANGES TO OF				
TITLE	DPS MOSES, JEREMY W	☐ Delete	TITLE		60	01309	3097	7 6 6	Addition	
STREET ADDRESS	4020 BEACON RIDGE WAY			T ADDRESS	06/05/	′0801037	001	**300.0	JU	
CITY-ST-ZIP	CLERMONT, FL 34711			ST-ZIP						
TITLE NAME		☐ Delete	TITLE NAME					☐ Change	Addition	
STREET ADDRESS				ET ADDRECC			_	, ¥5		
CITY-ST-ZIP			слү-	ST-ZIP		ent <u>07</u>		(*,		
TITLE		☐ Delete	TITLE		_	ma 14 /7	~ () !) 🗆 Change	Addition	
STREET ADDRESS				ET ADDRESS	-atem	ENIO				
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	CITY-	SI-DEINS	MAIDIN				<u></u>	
NAME		☐ Delete	TITLE					☐ Change	☐ Addition	
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP				-ST-ZIP					F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
TITLE NAME		☐ Delete	TITLE					☐ Change	☐ Addition	
STREET ADDRESS			1	ET ADDRESS						
CITY-ST-ZIP			-	-ST-ZIP						
NAME		. Delete	TITLE NAME					☐ Change	Addition	
STREET ADDRESS	1			ET ADDRESS						
CITY-ST-ZIP	cortifu that the information of the state of	with this filles does set " /		-ST-ZIP	od in Characterist) Flaciet - Oh h	16.05	cath are a st		
indicated	certify that the information supplied w fon this report or supplemental repor rporation or the receiver of trustee en	wan triis illing does not qualify to it is true and accurate and that nonwered to execute this repor	or the exe my signat	empuons containe are shall have the red by Chapter 20	e same legal effector.	r, riorida Statutes. Et as if made unde	i lurther co roath; that	mity that the ir I am an officer	or director	
changed	, or on an attachment with an addres	s, with all other ke empowered	d.	ou by chapter bu	ar, i fortoa Statule	o, and that thy hal	ue appears	in DIOCK IU OI	DIUGR 1111	
SIGNAT	rure: / /~~	- /	_							
		OR PRINTED NAME OF SIGNING OFFICER	R OR DIRECT	OR		Date		Daytime Phone #		