

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000058901

Entity Name: JUDE, INC.

FILED
May 26, 2009
Secretary of State

Current Principal Place of Business:

5014 US HWY 19 NORTH
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

5014 US HWY 19 NORTH
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 26-0784395

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATHEW, MAGIE
7832 AMBER CT.
SEMINOLE, FL 33772 US

Name and Address of New Registered Agent:

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.

SIGNATURE: MAGIE MATHEW

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MATHEW, MAGIE
Address: 7832 AMBER CT.
City-St-Zip: SEMINOLE, FL 33772

Title: D () Delete
Name: KADALIMATTOM, SIBI
Address: 608 GLENDALE RD.
City-St-Zip: GLENVIEW, IL 60025

Title: D () Delete
Name: PUTHUSSERIL, BIJU
Address: 9000 SW 68 TERR.
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BIJU PUTHUSSERIL

D

05/26/2009

Electronic Signature of Signing Officer or Director

Date