

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JAN 23 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000050632

1. Corporation Name

J.I.D. PRODUCTS INC.

2. Principal Office Address

1630 WEST 38TH PL

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

HIALEAH, FL

City & State

Zip

Country

Zip

Country

33012

USA

000086470830
01/30/07--01004--022 **450.00

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

7/8/1994

5. FEI Number

65-0505330

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOSE M DAVALOS

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

815 WEST 48 STREET

Suite, Apt. #, Etc.

City

HIALEAH

State

FL

Zip Code

33012

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

Jose M Davalos

Date

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
PD	JOSE M DAVALOS	815 WEST 48 STREET	HIALEAH FL 33012
VT	IRMA DAVALOS	815 WEST 48 STREET	HIALEAH, FL 33012
			K. Eckel JAN 23 2007

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 under section 119.07(3)(i), 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:

Jose M Davalos

JOSE M DAVALOS PRESIDE

1/22/2007

305-823-1011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/2

Florida

Division of Corporations
P.O.Box. 8800
Tallahassee, Fl 32314.

Gentlemen:

This letter is to inform that the reason because our Small Corp were dissolve by the Division, on Sept 20005 was due the fact that we move to our present address.

We are enclosing with this letter the reinstatement form together with the check paying the 3 years due.

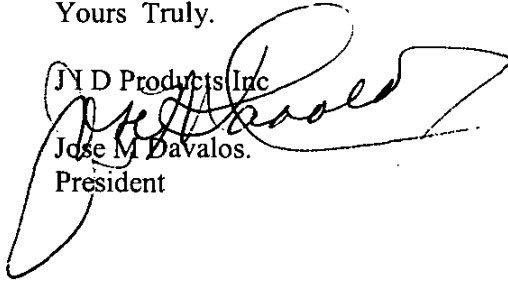
Thanking The Division in Advance, we remain

Yours Truly.

JID Products Inc

Jose M Davalos.

President

A large, stylized handwritten signature in black ink, appearing to read 'Jose M Davalos', is written over the typed name and title.