

ING THIS E
APPROVED
AND
FILED

1996 NOV -8 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JODONIC, INC.

Mailing Address

HUNTERS RUN
31-B STRATFORD W
BOYNTON BEACH FL 33439

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

3. New Mailing Office Address, If Applicable

07/12/1994

Suite, Apt. #, etc.

City & State

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED

Applied For

Not Applicable

CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

300002005393--7	-11/15/96--01008--016	375.00	375.00
-----------------	-----------------------	--------	--------

REINSTATEMENT

9. Name and Address of New Registered Agent

Name _____

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

Sulte, Apt. #, Etc.

City

State
F

Z30 Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

I, the registered agent of the above named corporation, am familiar with and accept the
SIGNATURE REQUIRED

Date 11/4/96

REGISTERED AGENT MUST SIGN

(See other side for information
on intangible tax.)

12. 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)(f), 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 Required

11/4/90

576-868-1715

Date _____

Davidson Phone

U

4.