PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P94000090098

1. Corporation Name

JDS ENTERPRISES USA, INC.

Principal Plade of Business

Malting Address

4631 NORTHWEST 31 AVENUE. SUITE 143 FORT LAUDERDALE FL 33309

4631 NORTHWEST 31 AVENUE, SUITE 143 FORT LAUDERDALE FL 33309

If above addresses are incorrect in any way, line through incorrect information and enter correction below.							
New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

REINSTAT	EMENT	910-9

If above a	addresses are incorrect in any way, line t	through incorrec	el information an	d enter correction below.	REN	STATEMEN'	T410-97	
New Principal Office Address, If Applicable Suite, Apt. #, etc. S			New Mailing Office Address, If Applicable		4. Date Incor	Date Incorporated or Qualified To Do Business in Florida 01/01/1995		
		Suite, Apt.	#, etc.		5. FEI Numbe	1 01/0		
		City & Stat	City & State		65-0540250		Applied For Not Applicable	
Z ip	Country	Zip		Country	6. CERTIFICAT	TE OF STATUS DESIRED	75 Additional Fee required or a Certificate of Status	
7. Names	and Street Addresses of Each Officer an	nd/or Director (f	Florida nonprofit	corporations must list at le	east 3 directors)			
Title(s)	Title(s) Name of Officers and/or Directors 2		3 (Do I	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)		City / State / Zip		
P GIBBINGS, THEOPHILUS			4631 NORTHWEST 31 AVENUE,		, SUITE	SUITE FORT LAUDERDALE FL 33309		
					וט	00002213	5404	
						****923.75	****923.75	
						DB10-1	397	
	8. Name and Address of Curren	t Registered A	gent	Name	9. Name and Address of New Registered Agent			
QIRR	HNGS, NILDA			Name				
4631 NW 31ST AVENUE, SUITE 143 FT. LAUDERDALE FL 33309				Street Address (P.O. Box Number is Not Acceptable)				
				Suite, Apt. #, Etc.				
				City State Zip Code			Zip Code	
	g appointed the registered agent of the at	ove named cor	poration, am fam	nillar with and accept the c	obligations of Sect			
Signature o Registered	Agent hilda	REGISTERED A	AGENT MUST SI	IGN		Date X 6/10	97	
11. Do De	pes this corporation pay	any intan	igible tax	to the	□ No ⊠	(See other side	e for information gible 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)(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: