PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State				FII FI	,		
REINSTATEMENT				PRPORATIONS	SECRETARY OF STATE DIVISION OF CORPORATIONS				
DOCUMENT P95000037836 1. Corporation Name JDS BUILDERS INC.						17 OCT 30 PI		untu 18/38	
241 WOOD! MELBOURN	E BEACH FL 32901	Mailing Address 241 WOODY CIRCLE MELBOURNE BEACH FL 32901			CECREA COMA RECRAETAR AND COMP				
If above addresses are Incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, if Applicable 3. New Malling Office Address, if Applicable						orated or Qualified	N. P.	To the same of the	
Sulte, Apt.	#, etc.	Sulte, Apt. #,	Sulte, Apt. #, etc.			To Do Business in Florida 05/11/1995			
City & State)	City & State			-1 5976U45678		Applied For Not Applicable		
Zip	Country	Zip		Country	6. CERTIFICATE	OF STATUS DESIRED	S8.75 Addi	tional Fee required tificate of Status	
7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors)									
Title(s)	Name of Officers and/or Directors 2	3 (DoN	Street Address of Each Officer and/or Director OT Use Post Office Box N	lumbers)	City / State / Zip				
PS	VINSON, BRUCENE	241 WOOD	Y CIRCLE		MELBOURNE FL 32901				
М	VISON, DENNIS			ODY AVENUE		INDIATLATIC FL 32901			
					80	100023: -11/03/9 ****750	3701 701161 .00 ****	04 012 *750.00	
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent				
VINSON, BRUCENE 241 WOORY CIRCLE MELBOURNE FL 32901			Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code					ode	
10. 1, being	appointed the registered agost of the abo	ve named corpo	ration, am fami	liar with and accept the ob	oligations of Section	on 607.0505, F.S.	FL.		
Signature o Registered	Agent	GISTERED AGI	ENT MUST SIG	3N		Date _/O-	-22-9	7	
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No									
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 fiting 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: **SIGNATURE** **Comparison** **Comparis									
	SIGNATURE AND TYPED OR PRI	NTED NAME OF S	IGNING OFFICE	R OR DIRECTOR		Date	Daytime Ph	ione #	