

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 11 AM 9:09

DOCUMENT # PG60000095426

1. Corporation Name

J. P. D. AND C. INVESTMENTS CORP.

2. Principal Office Address

5273 NW 112th Terrace

Suite, Apt. #, etc.

City & State

CORAL SPRINGS FL

Zip

F 33076

Country

USA

3. Mailing Office Address

10693 WILES ROAD

Suite, Apt. #, etc.

187

City & State

CORAL SPRINGS FL

Zip

33076

Country

USA

REINSTATEMENT 99-00

4. Date Incorporated or Qualified To Do Business in Florida

11/21/1996

5. FEI Number

650708795

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

SUSIE L. BLOMMAERTS

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

5273 NW 112th Terrace

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33076

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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

[Signature]
REGISTERED AGENT MUST SIGN

Date 09/08/2000

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
P/D	SUSIE L. BLOMMAERTS	5273 NW 112 th TERRACE	CORAL SPRINGS FL 33076

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/08/2000 (954) 661-7889
Date Daytime Phone #

CR2E081 (9/99)