PLEASE READ	ALL INSTRUCTIONS BEFORE	COMPLETING THIS FORM.
CORPORATION REINSTATEMENT  DOCUMENT # PATOC  1. Corporation Name  J. D. C. M.	FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS  OF CORPORATIONS  OF CORPORATIONS  OF CORPORATIONS  OF CORPORATIONS	FILED  OO JUN-1 AM II: 26  SECRETARY OF STATE TABLAHASSEE FLORIDA
Principal Office Address  355MERINTHUR RUND  www. 8 State  Coco A FL  32926 BREWMB	3. Mailing Office Address  3. Mailing Office Address  Suite, Apt. #, etc.  City & State  COCOA FL  Zip Country  32926 BRAWARS	PREINSTATEMENT OBO  4. Date Incorporated or Qualified To Do Business in Florida 5/27/97 SP  5. FEI Number Applied For Not Applicable  6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
	7. Name and Address of Current Regis	tered Agent
Suite, Apt. #, Etc. P.O. Bo City Co Co A	ICHIGAN AVE, 1	State Zip Code FL 32923  e obligations of section 607.0505 or 617.0503, F.S.
	FRISTER COST STATE	e obligations of section 607.0505 or 617.0503, F.S.  Date 4/12/00 2820
Tilles Name of	nd/or Director (Florida nonprofit corporations must list al Street Address of E	ach City / State / Zip
Officers and/or Directors		) A 2
MES GERALD W. DUK MES JERE D. CAR	rick 335-HERINAR	Aun DA. COCOA FL 32926
		1000032997214 -06/21/0001075025 ***1150.00 ***1150.00
this reinstatement application, the reason for dis owed by the corporation have been paid and the	solution has been eliminated, the corporate name satisf	as provided for in chapter 607 or 617, F.S. I further certify that when filing lies the requirements of section 607.0401 or 617.0401, F.S., that all fees or an exemption under section 119.07(3)(i), F.S. The information indicated inder oath.  CK 4/7/CO 4/07-636-4123