

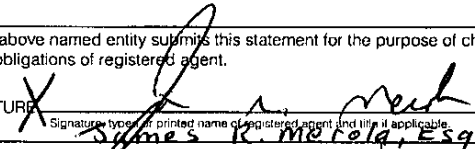
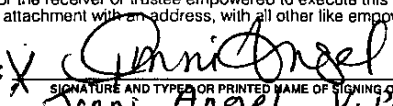


2005 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # P99000050870 1. Entity Name JT LIMITED, INC.						05 JUN -6 AM 8:29 DATE RECEIVED FLDA	
Principal Place of Business 2945 NORTHLAKE BLVD. LAKE PARK, FL 33403				Mailing Address 2945 NORTHLAKE BLVD. LAKE PARK, FL 33403			
2. Principal Place of Business		3. Mailing Address 11380 Prosperity Farms Rd		 REINSTATEMENT			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite #204					
City & State		City & State Palm Beach Gardens, FL					
Zip		Country		4. FEI Number 65-0919840		Applied For Not Applicable	
Zip 33410		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ANGEL, JONNI 113 HIDDEN HOLLOW DR PALM BEACH GARDENS, FL 33418				7. Name and Address of New Registered Agent Name James R. Merola, Esq. Street Address (P.O. Box Number is Not Acceptable) 11380 Prosperity Farms Rd. #204 Palm Beach Gardens City FL Zip Code 33410			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE  Signature typed or printed name of registered agent and title if applicable James R. Merola, Esq.				(NOTE: Registered Agent signature required when reinstating) DATE 5/25/05			
FILE NOW!!! FEE IS \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANGEL, JONNI 113 HIDDEN HOLLOW DR PALM BEACH GARDENS, FL 33410			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE:  Signature typed or printed name of signing officer or director Jonni Angel, V.P./D.				DATE 6/2/05 561/844-2544 Daytime Phone #			

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JT LIMITED, INC.
2945 Northlake Boulevard
Lake Park, Florida 33403

May 25, 2005

State of Florida
Secretary of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Attention: Reinstatement

Re: JT Limited, Inc.
Document No. P99000050870

Gentlemen:

Please be advised that JT Limited, Inc. never received any notices from the Secretary of State during the year 2004. Therefore, we request that the reinstatement fee for this corporation be waived.

Thank you for your time and consideration in this matter.

Very truly yours,

JT LIMITED, INC.



By:

Jonni Angel, Director/Officer