


FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 DEC -1 PM 5:06

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

<b>CORPORATION REINSTATEMENT</b> 		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>\$ 81111</u>			
1. Corporation Name <u>J.D. &amp; Company Inc.</u> <u>11330 SW 47 Terr.</u> <u>Miami, Fl. 33165</u>			
2. Principal Office Address <u>11330 SW 47 Terr</u> Suite, Apt. #, Etc.		3. Mailing Office Address <u>Same</u> Suite, Apt. #, Etc.	
City & State <u>Miam. Fl</u>		City & State _____	
Zip <u>33165</u>	Country <u>U.S.A.</u>	Zip <u>33165</u>	Country <u>U.S.A.</u>
4. Date Incorporated or Declined To Do Business in Florida <u>9-17-91</u>		5. FEI Number <u>050302609</u>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		6875 Additional Fee required for Certified Copies	

REINSTATEMENT 98-03

7. Name and Address of Current Registered Agent

Name Juan M. Diaz

Street Address (P.O. Box Number is Not Acceptable)  
11330 SW 47 Terr

Suite, Apt. #, Etc. \_\_\_\_\_

City Miami State FL Zip Code 33165

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of Registered Agent [Signature] Date 11-25-03

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit corporations must list at least 3 directors)

Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
Pres	<u>Juan M. Diaz</u>	<u>11330 SW 47 Terr</u>	<u>Miami, Fl. 33165</u>
Secy	<u>Same</u>		
Treas	<u>Same</u>		

10. I certify that I am an officer or director or the register or trustee empowered to execute this application as provided for in chapter 807 or 817, F.S. I further certify that when filing this reinstatement application, the reason for suspension has been eliminated, the corporate name satisfies the requirements of section 807.0401 or 817.0401, 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)(b), F.S. The information provided on this application is true and accurate and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [Signature] Date 11-25-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_

**Florida Department of State**  
**Division of Corporations**  
**Public Access System**

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To:  
Division of Corporations  
Fax Number : (850)205-0384

From:  
Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

**CORPORATION REINSTATEMENT**

**JD & COMPANY INC.**

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