

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 05 MAR 10 AM 10:59 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # V 03992					
1. Corporation Name J. O. Designs, Inc.					
2. Principal Office Address 2642 Roselle St Suite, Apt. #, etc. Suite 3 City & State Jacksonville, FL Zip 32204 Country USA		3. Mailing Office Address 2642 Roselle St Suite, Apt. #, etc. Suite 3 City & State Jacksonville, FL Zip 32204 Country USA		REINSTATEMENT 03-05	
4. Date Incorporated or Qualified To Do Business in Florida 01-01-1992				5. FEI Number 59-3104307	
6. CERTIFICATE OF STATUS DESIRED ☐ \$2.75 Additional Fee required for a Certificate of Status				Applied For Not Applicable	
7. Name and Address of Current Registered Agent					
Name JAMES D. DOLLARD Street Address (P.O. Box Number is Not Acceptable) 4294 Buck Point Rd Suite, Apt. #, Etc. City JACKSONVILLE State FL Zip Code 32210					
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  Date 3/9/05 REGISTERED AGENT MUST SIGN					
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		
PTS D.	James Darren Dollard	2642 Roselle St Suite 3	Jacksonville, FL 32204		
2000048399142 03/15/05--01007--011 \$450.00					
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:  JAMES D. DOLLARD Pres. 1/24/05 904 388 7528 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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J.D. DESIGNS
2642 Rosselle Street, Suite
Jacksonville, FL 32204
904-388-7528

January 24, 2005

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

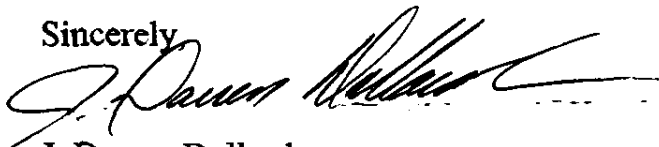
RE: V03992
59-3104307

Dear Sirs:

My Florida corporation was administrative dissolution on September 19, 2003 for non payment. My business moved and we never received the renewal notices, nor the notice of dissolution.

I request you reinstate my corporation without the \$600.00 fee. A check for \$450.00 is enclosed for the 2003, 2004 and 2005 fees.

Sincerely



J. Darren Dollard
President