PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

APPLICATION RED PATENTIAL	
REMOTATEMENT	

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000055915

1. Corporation Name

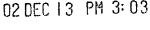
JEM DESIGNS, INC.

Principal Place of Business

Mailing Address

8241 S.W. 165TH TERRACE MIAMI FL 33157 8241 S.W. 165TH TERRACE

MIAMI FL 33157



SECRETARY OF STATE TALLAHASSEE, FLORIDA

If above a	addresses are incorrect in any way, line	through incorrect is	nformation and enter	correction below.				
			ling Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 06/25/1997			
Suite, Apt. # Suite, Apt. #		, etc.		5, FEI Number		Applied For		
City & State City & State				65-0763606		Not Applicab		
ip	Country	Zip	Count	ry	CERTIFICATE	OF STATUS DESIRED (58.75	Additional Fee require a Certificate of Status	
. Names	and Street Addresses of Each Officer as	nd/or Director (Flo	orida nonprofit corpor	ations must list at le	ast 3 directors)		<u> </u>	
Title(s)	Name of Officers and/or Directors			rect Address of Each	Ala. / Care - 1 3		e / Zip	
PD	LLUY, LORI J		8241 S.W. 165T	H TERRACE		MIAMI FL 33157		
VD	GOODWIN, RICK	15917 SW 90TH COURT			MIAMI FL 33157			
				KU	12/13			
*	Dissolution run	oved a	no sago	ust File) with	nont penalt		
Poz	ment was rece	ived vi	a - web	_	G-Link	receive of the	but	
مدلم	I not transfer	to or	recor	& to	DOS			
V~(8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent			
	8. Name and Address of Currer	it tregistered Age		 	o			
8241 S	8. Name and Address of Currer WIN, RICK G.W. 165 TERRACE FL 33157	The grant of Age		Name Street Address (F Suite, Apt. #, Etc.	P.O. Box Number i	s Not Acceptable)		

11. 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 filling this reinstatement application, the reason for dissolution has been climinated, 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 logal effect as if made under oath.

. SIGNATURE

Signature of

Al Duy

REGISTERED AGENT MUST SIGN

plaster

Dare 10-22-02