


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 MAY 30 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-06
CR2E081 (12/05)

DOCUMENT # P00000024570
1. Corporation Name
J.D.R. Design Group Inc.

2. Principal Office Address 2830 SW 6th St. Suite, Apt. #, etc. N/A City & State Boynton Beach, FL Zip 33435		3. Mailing Office Address Same Suite, Apt. #, etc. N/A City & State Boynton Beach, FL Zip 33435	
Country U.S.A.	Country U.S.A.	Country U.S.A.	Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida 3/3/00
5. FEI Number 650979132 Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name James D. Rodgers
Street Address (P.O. Box Number is Not Acceptable) 2830 SW 6th Street
Suite, Apt. #, Etc.
City Boynton Beach State FL Zip Code 33435

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 James D. Rodgers Date 4/26/06
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
President	James D. Rodgers	2830 SW 6th St.	Boynton Beach, FL 33435

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 contained in Chapter 119, 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. Rodgers DATE 4.26.06 DAYTIME PHONE # 561-734-9793
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #