2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000118537

1. Entity Name
JENNY LOPEZ, INC.

FILED
05 NOV 14 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1643 Brickell Avenue # 2603
Miami,Fl 33129

Mailing Address
1643 Brickell Ave.# 2603
Miami,Fl 33129

11012005 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
1643 BrickellAve.#2603	1643 Brickell Ave.# 2603
Suite, Apt. #, etc.: Suite 2603	Suite, Apt. #, etc.: Suite 2603
City & State: Miami,Fl 33129	City & State: Miami,Fl 33129
Zip / Country	Zip / Country

4. FEI Number: 20-1540341 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, JENNY
1643 Brickell Avenue # 2603
Miami,Florida 33129 (NEW ADDRESS)

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2006, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP LOPEZ, JENNY 1643 Brickell Ave.# 2603 Miami,Florida 33129 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: X Jenny Lopez 11/01/05 646 675 3929.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #