

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 DEC 19 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000047049			
1. Entity Name J & L FINISH CARPENTRY SERVICES, INC			
Principal Place of Business 3601 W. 2 AVE. APT. #34 HIALEAH, FL 33012 US		Mailing Address 3601 W. 2 AVE. APT. #34 HIALEAH, FL 33012 US	
2. Principal Place of Business 3601 WEST 12 AVE Suite, Apt. #, etc. #34		3. Mailing Address 3601 WES 12 AVE Suite, Apt. #, etc. #34	
City & State Hialeah Florida		City & State Hialeah Florida	
Zip 33012	Country U.S.A.	Zip 33012	Country U.S.A.
6. Name and Address of Current Registered Agent MILIAN, JORGE L 3601 W. 2 AVE APT. # 34 HIALEAH, FL 33012		4. FEI Number 20-2598040 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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: <u>Milian</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>10/30/06</u>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, 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	P MILIAN, JORGE L 3601 W. 2 AVE. APT. # 34 HIALEAH, FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300082623283 12/19/06--01011--014 **\$150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Milian</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>12-8-06</u> Daytime Phone #	