


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000080062

1. Entity Name
J J SERVICE ENTERPRISES, INC.



FILED
05 MAR 28 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**6321 SW 106 AVE
MIAMI FL 33173**

Mailing Address
**6321 SW 106 AVE
MIAMI FL 33173**

2. Principal Place of Business
2233 SW 153 PATH

3. Mailing Address
SAME.

Suite, Apt. #, etc.



City & State
MIAMI FL

City & State

Zip
33185 Country
USA

Zip Country

4. FEI Number
65-0947138

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SAINZ, JUAN C
2347 S.W. 138 CT.
MIAMI, FL 33175**

7. Name and Address of New Registered Agent

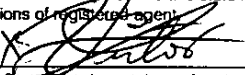
Name
Victor ORTEGA.

Street Address (P.O. Box Number is Not Acceptable)

2233 SW 153 PATH.

City
MIAMI FL Zip Code
33185.

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 \$300.00

In accordance with s. 607.183(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 SAINZ, JUAN C 6321 SE 106 AVE MIAMI, FL 33173	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(P) VICTOR ORTEGA. 2233 SW 153 PATH. MIAMI FL 33185.
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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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #