

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P00000026828</b> 1. Entity Name <b>J.J. CARPET &amp; GENERAL SERVICES, INC.</b>			
Principal Place of Business <b>20068 NW 85 AVENUE HIALEAH, FL 33015</b>		Mailing Address <b>P.O. BOX 170002 HIALEAH, FL 33017</b>	
2. Principal Place of Business <b>19503 SW 55 street</b> Suite, Apt. #, etc.		3. Mailing Address <b>PO BOX 170002</b> Suite, Apt. #, etc.	
City & State <b>MIAMI, FL</b>		City & State <b>HIALEAH, FL</b>	
Zip <b>33029</b>		Zip <b>33017</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>65-0991023</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MARTINEZ, JOHN JAIRO 6901 NW 173RD DR. NO. 202 MIAMI, FL 33015</b>		7. Name and Address of New Registered Agent Name <b>MARTINEZ JOHN JAIRO</b> Street Address (P.O. Box Number is Not Acceptable) <b>19503 SW 55 street</b> City <b>MIAMI</b>	
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.		FL Zip Code <b>33029</b>	
SIGNATURE: <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<b>MARTINEZ JOHN J. REGISTERED AGENT</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2005, Fee will be \$900.00</b>		<b>11/01/04</b> <small>DATE</small>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>P</b> NAME <b>MARTINEZ, JOHN JAIRO</b> STREET ADDRESS <b>6901 NW 173RD DR.</b> CITY-ST-ZIP <b>MIAMI, FL 33027</b>	<input type="checkbox"/> Delete	TITLE <b>P</b> NAME <b>MARTINEZ JOHN JAIRO</b> STREET ADDRESS <b>19503 SW 55 ST.</b> CITY-ST-ZIP <b>MIAMI, FL 33029</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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
<b>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.</b>			
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>11/01/04</b> <small>Date</small>	
<b>President</b>		<b>305-5130101</b> <small>Daytime Phone #</small>	

FILED

05 JAN -5 PM 4:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-05