

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000019482

1. Entity Name  
J.C.V. BUSINESS SOLUTIONS, INC.



FILED

05 OCT 25 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2231 NW 160 TERRACE  
PEMBROKE PINES, FL 33028

Mailing Address  
2231 NW 160 TERRACE  
PEMBROKE PINES, FL 33028

2. Principal Place of Business

15751 Sheridan St  
Suite, Apt. #, etc.

3. Mailing Address

Same  
Suite, Apt. #, etc.



10172005 REIN-P CR2E098 (6/04)

#164  
City & State

Ft. Lauderdale, FL

City & State

Zip

33331

Country

USA

Country

4. FEI Number  
65-1078853

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VALERA, JUAN CARLOS  
2231 NW 160 TERRACE  
PEMBROKE PINES, FL 33028

7. Name and Address of New Registered Agent

Name

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

15751 Sheridan St

#164

City

Ft. Lauderdale

FL

Zip Code  
33331

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.

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

TITLE PDS  
NAME VALERA, JUAN CARLOS ☐ Delete  
STREET ADDRESS 2231 NW 160 TERRACE  
CITY-ST-ZIP PEMBROKE PINES, FL 33028

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDS ☒ Change ☐ Addition  
NAME Valera, Juan Carlos  
STREET ADDRESS 15751 Sheridan St #164  
CITY-ST-ZIP Ft. Lauderdale, FL 33331

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME 600060900586  
STREET ADDRESS 10/25/05--01002--010  
CITY-ST-ZIP \*\*150.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone