


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000066832		
1. Entity Name J G F SERVICES INC.		

FILED
08 MAY -1 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 17933 SW 55TH ST FT LAUDERDALE, FL 33331 <i>3701 Beach Way Cooper City FL 33026</i>	Mailing Address 17933 SW 55TH ST FT LAUDERDALE, FL 33331
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2. Principal Place of Business - No P.O. Box # <i>3701 Beach Way</i>	3. Mailing Address <i>3701 Beach Way</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



REINSTATEMENT 07-08
04/10/2008 REIN-P 15 CR2E098 (1/07)

City & State <i>Cooper City FL</i>	City & State
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Zip <i>33026</i>	Country	Zip	Country
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4. FEI Number 65-1121358	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FALKOWSKI, JAMES W 17933 SW 55TH ST FT LAUDERDALE, FL 33331 <i>3701 Beach Way Cooper City FL 33026</i>	
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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 *JAMES W Falkowski* DATE *4-21-08*
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD FALKOWSKI, JAMES 17933 SW 55TH ST FT LAUDERDALE, FL 33331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>900127333269</i> <i>04/30/08--01018--026 **300.00</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>New Address</i> <i>3701 Beach Way</i> <i>Cooper City, FL 33026</i> <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	<i>7/5/5</i> <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

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: *JAMES Falkowski* DATE *4-21-08*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #