

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000083732 1. Entity Name JCS PAINTING INC						FILED 05 DEC 23 AM 10:11 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1940 NW 24 COURT MIAMI, FL 33125				Mailing Address 1940 NW 24 COURT MIAMI, FL 33125			
2. Principal Place of Business 1326 DUNAT AVENUE Suite, Apt. #, etc.		3. Mailing Address 1326 DUNAT AVENUE Suite, Apt. #, etc.					
City & State OPA-LOCKA, FL 33054		City & State OPA-LOCKA, FL		4. FEI Number 65-1139857		Applied For <input type="checkbox"/> Not Applicable	
Zip 33054		Country MIAMI-DADE		Zip 33054		Country MIAMI-DADE	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				12202005 REIN-P CR2E098 (6/04)			
6. Name and Address of Current Registered Agent SANTOS, JUAN CARLOS 1940 NW 24 COURT MIAMI, FL 33125				7. Name and Address of New Registered Agent Name COSME E. PEREZ Street Address (P.O. Box Number is Not Acceptable) 160 12th AVENUE NE City NAPLES FL Zip Code 34120			
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  <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE 12/20/2005 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANTOS, JUAN CARLOS 1940 NW 24 COURT MIAMI, FL 33125			<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 12/20/2005 305-343-4398 <small>Daytime Phone #</small>			