

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P01000102395**

1. Entity Name  
**J & J DELIVERY SERVICES CORP.**



FILED

04 DEC -3 AM 8:44

Principal Place of Business  
**900 INTERNATIONAL PARKWAY  
FORT LAUDERDALE, FL 33325**

Mailing Address  
**900 INTERNATIONAL PARKWAY  
FORT LAUDERDALE, FL 33325**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

3. Mailing Address  
**3911 S.W. 52nd Ave  
Bldg # 3 Unit #1  
Pembroke Park Fla.  
33023  
Broward**

10252004 REIN-P CR2E098 (6/04)

4. FEI Number  
**65-1147931**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145**

7. Name and Address of New Registered Agent  
Name  
**KARLA WHIGHAM**  
Street Address (P.O. Box Number is Not Acceptable)  
**3911 SW 52nd Ave Bldg 3 #1  
Pembroke Park FL 33023**

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 **Karla Whigham** (NOTE: Registered Agent signature required when reinstating) DATE **10/31/04**

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2005, 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	PSTD JOSEPH, JEAN C 900 INTERNATIONAL PARKWAY FORT LAUDERDALE, FL 33325 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Joan Spiegel** DATE **10/31/04** DAYTIME PHONE # **305-343-6258**