


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000020959		
1. Entity Name J.B. POWER REPAIR CORPORATION		

FILED

05 NOV -7 PM 4: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 6627 NW 173 LN MIAMI, FL 33015	Mailing Address 6627 NW 173 LN MIAMI, FL 33015
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

10252005 REIN-P CR2E098 (6/04)

4. FEI Number 75-3008882	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BAUTISTA, JOSE 6627 NW 173 LN MIAMI, FL 33015		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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAUTISTA, JOSE 6627 NW 173 LN MIAMI, FL 33015 <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
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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 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 an other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/3/05
Date

Daytime Phone #

November 3, 2005

Florida Department of State
Secretary of State
Glenda E. Hood
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern:

In regards to license number H02000042995-9 and Document number P02000020959, I, Jose Bautista, am the sole employer and employee of JB Power Repair. I only conduct ~~business under JB Power Repair on my spare time because I have a daily full-time job.~~

Please understand that I have not received the first notice to renew my license and have recently spoken with Pat Bailey at Division of Corporations at (850) 245-6000, who has informed that I must make a payment of \$150.00 to renew my license as well as return the enclosed reinstatement forms.

Attached is the payment for my renewal in the amount of \$150.00, check number 302, and the proper filled out forms to reinstate my license.

You may contact me with any questions at (305) 557-1139.

Sincerely,



Jose Bautista
Sole Proprietor, JB Power Repair