

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000027280

1. Entity Name  
J.L.U. ENTERPRISES, INC.



Principal Place of Business  
4001 SW 139 AVE  
MIRAMAR, FL 33027

Mailing Address  
4001 SW 139 AVE  
MIRAMAR, FL 33027

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

12232008

REIN-P

CR2E098 (1/07)

4. FEI Number

61-1413276

Applied For

Not Applicable

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

LOPEZ-URGELL, JOAQUIN  
4001 SW 139 AVE  
MIRAMAR, FL 33027

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 \$150.00**

**After January 1, 2009, 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 PD ☐ Delete  
NAME LOPEZ-URGELL, JOAQUIN  
STREET ADDRESS 4001 SW 139 AVE  
CITY-ST-ZIP MIRAMAR, FL 330276

TITLE V ☐ Delete  
NAME LOPEZ, CHRISTOPHER M  
STREET ADDRESS 325 N.W. 58 CT  
CITY-ST-ZIP MIAMI, FL 33126

TITLE S ☐ Delete  
NAME LOPEZ, IVAN DANIEL  
STREET ADDRESS 18742 SW 307 STREET  
CITY-ST-ZIP HOMESTEAD, FL 33030

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 ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**400139335084**  
**12/30/08--01008--018 \*\*150.00**

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

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

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #

**12/23/08**