

2005

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 10 PM 1:36

DOCUMENT # P. 02000100017

1. Corporation Name

J. LO Service.

REINSTATEMENT 03-09

2. Principal Office Address

2155 SW 97 AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Miami FL.

Zip

33165

Country

USA.

City & State

Zip

Country

4. Date Incorporated or Qualified
-- To Do Business in Florida --

09-16-2002

5. FEI Number

72-1535862.

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Hector Lopez

Street Address (P.O. Box Number is Not Acceptable)

2155 SW 97 AVENUE.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33165

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0005 or 617.0503, F.S.

Signature of
Registered Agent

H Lopez

REGISTERED AGENT MUST SIGN

Date 01-31-05

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P.	Hector Lopez	2155 SW 97 AVE.	Miami, FL. 33165

400046928084
02/21/05--01023--015 **\$50.00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

H Lopez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-31-05

Date

Daytime Phone #

CR2208 (9/99)