

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000119540		
1. Entity Name J M J CUSTOM MADE FURNITURE INC.		

FILED
04 NOV 15 AM 8:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 9901 NW 80 AVENUE BAY 3V-W MIAMI, FL 33016	Mailing Address 9901 NW 80 AVENUE BAY 3V-W MIAMI, FL 33016
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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

11102004 REIN-P CR2E098 (6/04)

4. FEI Number 57-1138055	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
MONCAYO, JOHN J 9901 NW 80 AVENUE BAY 3V-W MIAMI, FL 33016	

7. Name and Address of New Registered Agent	
Name <u>Julio C. Moncayo</u> Street Address (P.O. Box Number is Not Acceptable) <u>9901 NW 80 AVE</u> <u>BAY 3V-W</u> City <u>MIAMI, FL</u> Zip Code <u>33016</u>	
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 <u>[Signature]</u>	DATE <u>11/12/04</u>

FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00	(NOTE: Registered Agent signature required when reinstating)
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10. OFFICERS AND DIRECTORS	
TITLE	PS
NAME	MONCAYO, JOHN J
STREET ADDRESS	8539 NW 193 LANE
CITY-ST-ZIP	MIAMI, FL 33015
TITLE	President
NAME	MONCAYO, JULIO C
STREET ADDRESS	8539 NW 193 LANE
CITY-ST-ZIP	MIAMI, FL 33015
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
200042751272 11/15/04--01061--013 **150.00	
I am Sending Check for \$150.00 this is the first time I pay my Corporation and I did not know that I have to pay this. Please Eliminate Penalty	
CORTESIA DE I LOVE USA MAGAZINE TEL: 305-822-4545 VEALO EN EL INTERNET EN WWW.LAS-USA.NET	
Sincerely <u>[Signature]</u>	

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: <u>[Signature]</u>	DATE <u>11/12/04</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	