RJ MJ

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
05 DEC 12 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000125692

1. Entity Name
JNB, INC.

Principal Place of Business	Mailing Address
809 NORTHEAST 19TH TERRACE FORT LAUDERDALE, FL 33304 US	809 NORTHEAST 19TH TERRACE FORT LAUDERDALE, FL 33304 US

12092005 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
4134 N FED Hwy	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft Laud FL	City & State
Zip: 33308 Country: USA	Zip Country

4. FEI Number: 06-1662262 ☐ 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
HINDEN, JON A 4430 SOUTHWEST 64TH TERRACE DAVIE, FL 33314	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: Jon Hinden Jon Hinden Esq.
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	P HALLICK, JEFF 809 NE 19 TERR FORT LAUDERDALE, FL 33304	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HALLICK, NINA 809 NE 19 TERR FORT LAUDERDALE, FL 33304	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T. Roberts DEC 12 2005	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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 all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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To whom it may Concern,

As per instructed am I writing to inform you that I did not recive notice for my report and ask that you please waive penalties in this matter.

Thank you for your assistance

J Vallich
(954)258-4662