



# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P03000005459</b> 1. Entity Name <b>JJC &amp; LM, INC.</b>						<b>FILED</b> <b>05 MAY -4 AM 9: 27</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b> <b>04-21-04 90048 042 \$150.00</b>  <b>04252005 REIN P 04-05</b>	
Principal Place of Business <b>3009 OAKRIDGE RD</b> <b>ORLANDO, FL 32809</b>				Mailing Address <b>3009 OAKRIDGE RD</b> <b>ORLANDO, FL 32809</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
<b>6. Name and Address of Current Registered Agent</b> <b>YOUNG, JOHNSON</b> <b>5399 W IRLO BRONSON MEMORIAL HWY</b> <b>KISSIMMEE, FL 34746</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>YOUNG, JOHNSON</b> <b>5399 W IRLO BRONSON MEMORIAL HWY</b> <b>KISSIMMEE, FL 34746</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100054213661</b> <b>05/10/05--01053--022 **150.00</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>YOUNG, JULIE</b> <b>5399 W IRLO BRONSON MEMORIAL HWY</b> <b>KISSIMMEE, FL 34746</b> <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	<b>D</b> <b>YOUNG, CHUCK</b> <b>5399 W IRLO BRONSON MEMORIAL HWY</b> <b>KISSIMMEE, FL 34746</b> <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	<b>D</b> <b>HSU, LONG S</b> <b>8320 FRENCH OAK DR</b> <b>ORLANDO, FL 32835</b> <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	<b>D</b> <b>HSU, TUNG-MEI</b> <b>8320 FRENCH OAK DR</b> <b>ORLANDO, FL 32835</b> <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		
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.							
<b>SIGNATURE:</b> <i>Johnson Young</i> ( <b>Johnson Young</b> ) <b>4/29/05</b> <b>407-396-0015</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							