
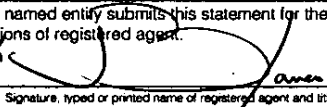
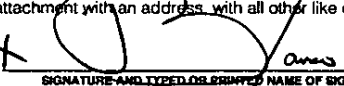


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000026256						FILED 05 MAR 11 PM 4:41 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name JORBLA, INC.				Principal Place of Business 4011 SW 128TH AVENUE MIAMI, FL 33175			
Mailing Address 4011 SW 128TH AVENUE MIAMI, FL 33175							
2. Principal Place of Business 6850 Coral Way		3. Mailing Address same		4. FEI Number 26-0061712		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc. Suite 401		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		03102005 REIN-P CR2E098 (6/04)	
City & State Miami, Florida		City & State		6. Name and Address of Current Registered Agent BLANCO, JORGE 4011 SW 128TH AVENUE MIAMI, FL 33175		7. Name and Address of New Registered Agent	
Zip 33155		Country USA		Zip		Country	
Name BLANCO, JORGE		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: 				(NOTE: Registered Agent signature required when reinstating)		DATE 3/10/05	
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE D		<input type="checkbox"/> Delete		TITLE 100048845431		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME BLANCO, JORGE		STREET ADDRESS 4011 SW 128TH AVENUE		NAME 03/22/05--01016--016		**300.00	
STREET ADDRESS MIAMI, FL 33175		CITY-ST-ZIP		STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		<input type="checkbox"/> Delete		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		<input type="checkbox"/> Delete		STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP		<input type="checkbox"/> Delete		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP		<input type="checkbox"/> Delete		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP		<input type="checkbox"/> Delete		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.							
SIGNATURE: 				Date 3/10/05		Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							