

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000026256

1. Entity Name
JORBLA, INC.



FILED
05 MAR 11 PM 4:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
Suite, Apt. #, etc.
Suite 401

3. Mailing Address
Same
Suite, Apt. #, etc.



03102005 REIN-P CR2E098 (S/O) 05

City & State
Miami, Florida

City & State

4. FEI Number
26-0061712

Applied For
Not Applicable

Zip
33155

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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

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

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BLANCO, JORGE
4011 SW 128TH AVENUE
MIAMI, FL 33175 ☐ Delete

TITLE
NAME
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CITY - ST - ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
100048845431
03/22/05--01016--016 ***300.00 ☐ Change ☐ Addition

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TITLE
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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

3/10/05

Date

Daytime Phone #