2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

-	REINSTA	TEMENT	1011		} !b.t.			
1. Entity Nam	MENT # P03000036			CT 20 AH				
J.C. TINTING OF MIAMI CORP.				SEC TALL	CRETARY OF A	STATE LORIDA		
Principal Plac	e of Business	Mailing Address					,	
2100 SW 8TH ST		2100 SW 8TH ST		マスマ佐藤	HENT O	4		
MIAMI, FL 3	3135	MIAMI, FL 33135		REMO	: Al Civ	NENT_O	**************************************	43
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10162004	REIN-P	CR2E098 (6/0	4)	
City & State		City & State		4. FEI Nupebe		. <i>n</i>	Applied For Not Applicable	ı
Zip	Country	Zîp	Country		of Status Desired	□ \$8.75 A Fee Requ		ı
6. Name and Address of Current Registered Agent			Name	7. Name and	Address of New R	egistered Agent		i
MARTINEZ, JOSE 2446 SW 17 ST				Street Address (P.O. Box Number is Not Acceptable)				Ī
MIAMI, FL	33145							i
			City		1	FL Zip C		
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	gistered office or re	gistered agent, or bot	n, in the state of Fid	origa. Tam tamiliar wi	in, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Ric			legistered Agent signatur	e required when reinstating)		DATÉ		
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00		,			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10.	OFFICERS AND E	DIRECTORS	11.	ADDITIONS/	CHANGES TO OFF	FICERS AND DIRECTO	ORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST MARTINEZ, JOSE 2446 SW 17 ST MIAMI, FL 33145	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	ge 🔲 Addition	
TITLE NAME STREET ADDRESS CITY_ST_ZIP	-	☐ Delete	TITLE NAME STREET ADDRESS CITY_ST-ZIP			☐ Chang	ge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	ge Addition	j
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2 10/2	00042 0/040101	014958 8018 **1	ge, □ Addition SO.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	ge 🗌 Addition	
TITLE		☐ Poleto	TITLE			☐ Chang	ne 🗆 Addition	ĺ

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305541398

Date

Daytime Phone #

October 16, 2004

Uniform Business Report Division of Corporations P.O. Box 6198 Tallahassee, FL 32314-6198

DOC. # P03000036066

Re: J.C. TINTING OF MIAMI CORP.

To Whom It May Concern:

This letter is in regards to the corporation annual report for the 2004 filling year According to your letter we never received an annual report for our corporation. We are sending a filled out blank report to your department because we never received the original report. Please accept our apologies and accept this \$150.00 filing fee. We never meant to send the report late, if we would have received the report, we would have sent it on time. We apologize any inconvenience this may have caused.

If you have any questions please feel free to contactme at (305) 541-3980.

Sincerely,

PRESIDENT