## 2005 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P03000080036

FILED Jan 31, 2005 Secretary of State

Entity Nai	me: JAG FAC	CILITY SERVICES,INC.					
Current P	rincipal Place	New Princ	New Principal Place of Business:				
P.O BOX 4 MIAMI, FL				3900 NW 165TH STREET MIAMI, FL 33054			
Current M	lailing Addre	ss:	New Maili	New Mailing Address:			
P.O BOX 4 MIAMI, FL			3900 NW <sup>-</sup> MIAMI, FL	165TH STREE 33147	ĒΤ		
FEI Number:	: 16-1676588	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certifica	ate of Status Desir	ed (X)
Name and	Address of (	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
MIAMI, FL The above	165TH STREE 33147 US	T submits this statement for the	purpose of changing i	its registered o	office or r	egistered agent	, or both,
SIGNATUR	RE: JOHN D	CONYERS					
	Electro	nic Signature of Registered A	gent			Date	
		3(2)(b), F.S., the corporation did g Trust Fund Contribution ( ).	not receive the prior notic	e.			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P ( CONYERS, JC 17300 NW 165 MIAMI, FL 330	TH STREET	Title: Name: Address: City-St-Zip:	(	) Change	( ) Addition	
Title: Name: Address: City-St-Zip:	(	) Delete	Title: Name: Address: City-St-Zip:	VP ( THOMAS, DEF 3333 NW 5TH MIAMI, FL 33	EL P AVE #13	(X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN D CONYERS Ρ 01/31/2005