


page 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAR 14 AM 11:03

DOCUMENT # JP PARKING LOT MAINTENANCE, INC.

1. Corporation Name

P03000123124

2. Principal Office Address
1529 NW 50TH STREET

3. Mailing Office Address
PO BOX 420493

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33142

Country
US

Zip
33242

Country
US

4. Date Incorporated or Qualified To Do Business in Florida 10/31/2003

5. FEI Number
90-0162793

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED s875 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
JAMES PIERRE

Street Address (P.O. Box Number is Not Acceptable)
1529 NW 50TH STREET

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33142

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *[Signature]*

JAMES PIERRE

Date 3-08-2006

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PS	JAMES PIERRE	1529 NW 50TH STREET	MIAMI, FL 33142

3/17/04

STATEMENT OF...

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 118, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *[Signature]*

JAMES PIERRE

02-08-2006

305 638 4402

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Pierre

DATE: 03-08-2006

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FROM: JP PARKING LOT MAINTENANCE, INC.
JAMES PIERRE

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORT FOR 2004
AND 2005.

PLEASE FILE OUR ANNUAL REPORT AND WAIVE THE PENNALTLY.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 305 638 4402.

THANKS,



JP PARKING LOT MAINTENANCE, INC.
JAMES PIERRE