

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000128132

Entity Name: J AND F SERVICES, INC.

FILED  
Jan 16, 2005  
Secretary of State

**Current Principal Place of Business:**

3544 ST. JOHNS BLUFF ROAD  
110  
JACKSONVILLE, FL 32224 US

**New Principal Place of Business:**

12720 CHANDLER VIEW CT  
JACKSONVILLE, FL 32218 US

**Current Mailing Address:**

3544 ST. JOHNS BLUFF ROAD  
110  
JACKSONVILLE, FL 32224 US

**New Mailing Address:**

12720 CHANDLER VIEW CT  
JACKSONVILLE, FL 32218 US

FEI Number: 20-0377468

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CLEVES, JUAN C  
3544 ST. JOHNS BLUFF RD.  
110  
JACKSONVILLE, FL 32224 US

**Name and Address of New Registered Agent:**

CLEVES, JUAN C  
12720 CHANDLER VIEW CT  
JACKSONVILLE, FL 32218 US

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.

SIGNATURE: JUAN CLEVES

01/16/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CLEVES, JUAN C  
Address: 3544 ST. JOHNS BLUFF RD.  
City-St-Zip: JACKSONVILLE, FL 32224 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: CLEVES, JUAN C  
Address: 12720 CHANDLER VIEW CT  
City-St-Zip: JACKSONVILLE, FL 32218 US

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: JUAN CLEVES

P

01/16/2005

Electronic Signature of Signing Officer or Director

Date