

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000132817

1. Entity Name
JUSINO MAINTENANCE, INC.



FILED
CLERK OF STATE
DIVISION OF CORPORATION

04 NOV 15 PM 1:27

REINSTATEMENT

04

Principal Place of Business 3278 PARTRIDGE STREET DELTONA, FL 32738	Mailing Address 3278 PARTRIDGE STREET DELTONA, FL 32738
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



10272004 REIN-P CR2E098 (6/04)

4. FEI Number 27-0070066	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

JUSINO, ANGEL L
3278 PARTRIDGE STREET
DELTONA, FL 32738

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 DIRECTORS

TITLE	P	<input type="checkbox"/> Delete	NAME	JUSINO, ANGEL L	STREET ADDRESS	3278 PARTRIDGE STREET	CITY-ST-ZIP	DELTONA, FL 32738
TITLE	VP	<input checked="" type="checkbox"/> Delete	NAME	CONCEPCION, GERARDO	STREET ADDRESS	1803 CLYBURN LANE	CITY-ST-ZIP	DELTONA, FL 32738
TITLE		<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	900042746853	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	11/15/04--01050--003	STREET ADDRESS	**150.00	CITY-ST-ZIP	
TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Jose A. Jusino	STREET ADDRESS	2442 Barbarossa Ave	CITY-ST-ZIP	Deltona, FL 32732
TITLE	free	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	MIKE D. PEREZ	STREET ADDRESS	1175 Giovanni st.	CITY-ST-ZIP	Deltona FL 32725
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP	

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: Angel Jusino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-11-04 (386) 212-8877
Date Daytime Phone #