

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000152234

1. Entity Name
CJN CONSTRUCTION AND POOLS INC.



Principal Place of Business
18998 NW 24TH PL.
PEMBROKE PINES, FL 33029

Mailing Address
18998 NW 24TH PL.
PEMBROKE PINES, FL 33029

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

11222004 REIN-P CR2E098 (6/04)

4. FEI Number 16-1670076	Applied For <input type="checkbox"/>
	Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RAMIREZ, CARLOS
18998 NW 24TH PL.
PEMBROKE PINES, FL 33029

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

Signature, typed or printed name of registered agent and title if applicable.

(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: OP
NAME: RAMIREZ, CARLOS L
STREET ADDRESS: 18998 NW 24TH PL.
CITY-ST-ZIP: PEMBROKE PINES, FL 33029

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

TITLE: TV
NAME: RAMIREZ, DIANA
STREET ADDRESS: 18998 NW 24TH PL.
CITY-ST-ZIP: PEMBROKE PINES, FL 33029

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Delete

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Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/04 (954) 450-5575

Date

Daytime Phone #