


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000015414	
1. Entity Name JVQ CLEANING & LANDSCAPING, INC.	

SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUN -6 PM 12:28

Principal Place of Business 202 E 7 ST AVON PARK, FL 33825	Mailing Address 202 E 7 ST AVON PARK, FL 33825
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

05222006 REIN-P CR2E098 (11/05)

6. Name and Address of Current Registered Agent SIEGEL & UTRERA, P.A. 1840 SW 22 ST 4 FLR MIAMI, FL 33145
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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 _____	DATE _____

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST JOHNSON, JIMMIE 202 E 7 ST AVON PARK, FL 33825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT 05-06
000077140580
07/07/06--01024--018 **300.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Jimmie Johnson</u> (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)	Date: <u>5/31/06</u> Daytime Phone # _____