


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000038703	
1. Entity Name J AND B ENTERPRISES OF CLEARWATER INC.	

Principal Place of Business 2099 POWDERHORN DR CLEARWATER, FL 33755	Mailing Address 2099 POWDERHORN DR CLEARWATER, FL 33755
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2. Principal Place of Business 12304 102ND ST N	3. Mailing Address 12304 102ND ST N
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Largo, FL	City & State Largo, FL
Zip 33773	Country USA

6. Name and Address of Current Registered Agent HOLCK, GARY J 1961 ARVIS CIR E CLEARWATER, FL 33764	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: GARY J. Holck GJ Holck 12/21/05

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, 2006, Fee will be \$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	P GOYER, JONATHAN 2099 POWDERHORN DR CLEARWATER, FL 33755 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT GOYER, JONATHAN 12304 102ND ST N (ADDRESS) LARGO, FL 33773 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOYER, BARBARA 2099 POWDERHORN DR CLEARWATER, FL 33755 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300063011363 01/06/06--01056--006 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>8/1/3</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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] 12/21/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
05 DEC 30 PM 1:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10252005 REIN-P CR2E098 (6/04)

4. FEL Number  
54-2144277

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