

**2006 FOR PROFIT CORPORATION
REINSTATEMENT**

FILED

06 NOV -3 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000058011 1. Entity Name J. PLATE ENTERPRISES, INC.					
Principal Place of Business 2640 MARINA BAY DRIVE EAST 306 FORT LAUDERDALE, FL 33312			Mailing Address 2640 MARINA BAY DRIVE EAST 306 FORT LAUDERDALE, FL 33312		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 20-1034899	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent ADAMS, GERALD 113 NORTH FEDERAL HWY DANIA BEACH, FL 33004			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: 10-25-06 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTB PLATE, JOSHUA ☐ Delete 2640 MARINA BAY DRIVE EAST 306 FORT LAUDERDALE, FL 33312		TITLE NAME STREET ADDRESS CITY-ST-ZIP	200081503262 ☐ Change ☐ Addition 11/03/06--01041--005 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLATE, JOSHUA ☐ Delete 2640 MARINA BAY DRIVE EAST 306 FORT LAUDERDALE, FL 33312		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 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 an other like empowered.					
SIGNATURE: 10/27/06 954.732.8641 SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR			Date: 10/14/08		