


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000064275		
1. Entity Name JUAN C. URIAS INC		

FILED

06 JAN 11 PM 2:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05-06

Principal Place of Business <del>196A LOCKE ST</del> TALLAHASSEE, FL 32303	Mailing Address <del>196A LOCKE ST</del> TALLAHASSEE, FL 32303
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2. Principal Place of Business 450 PECK BETTS RD.	3. Mailing Address 450 PECK BETTS RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State QUINCY FL	City & State QUINCY FL
Zip 32352	Zip 32352
Country U.S.	Country U.S.



01112006 REIN-P CR2E098 (11/05)

4. FEI Number 201022787	Applied For 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 BENFIELD, RON 58 SIOUX CIRCLE HAVANA, FL 32333	
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7. Name and Address of New Registered Agent	
Name JOHANNE DUROSIER	
Street Address (P.O. Box Number is Not Acceptable) 450 PECK BETTS RD.	
City QUINCY	FL Zip Code 32352

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 Johanne Durosier DATE 1-10-06  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	P URIAS, JUAN 450 PECK BETTS RD QUINCY, FL 32352 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300064409343 01/24/06--01051--002 **300.00 <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	<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
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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 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: Johanne Durosier DATE 1-10-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR