## 2005 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P04000079328

Entity Name: SON'S OF JAH MANAGEMENT, INC.

FILED Oct 19, 2005 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
16820 SW 39TH STREET MIRAMAR, FL 33027		139 NE 1ST STREET SUITE 618 MIAMI, FL 33130	
Current Mailing Address:		New Mailing Address:	
16820 SW 39TH STREET MIRAMAR, FL 33027		139 NE 1ST STREET SUITE 618 MIAMI, FL 33130	
FEI Number:	FEI Number Applied For ( ) FEI Num	mber Not Applicable (X) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:	
MIRAMAR,	39TH STREET	of changing it	s registered office or registered agent, or both,
in the State of Florida.			
SIGNATUR	E: RASHAUN WILLIAMS		Deb
	Electronic Signature of Registered Agent		Date
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () Delete WILLIAMS, RASHAUN 16820 SW 39TH STREET MIRAMAR, FL 33027  D () Delete	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition  D (X) Change ( ) Addition
Name: Address: City-St-Zip:	OSBOURNE, JAMES 16820 SW 39TH STREET MIRAMAR, FL 33027	Name: Address: City-St-Zip:	HERNANDEZ, EUNICE 16820 SW 39TH STREET MIRAMAR, FL 33027
Title: Name: Address: City-St-Zip:	D () Delete DION, NORMAN 16820 SW 39TH STREET MIRAMAR, FL 33027	Title: Name: Address: City-St-Zip:	D (X) Change () Addition BARHAM, DEAN 16820 SW 39TH ST MIRAMAR, FL 33027
Title: Name: Address: City-St-Zip:	D (X) Delete BLOUNT, ADRIENNE 16820 SW 39TH STREET MIRAMAR, FL 33027	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	D (X) Delete VINCENT, JILLIAN 16820 SW 39TH STREET MIRAMAR, FL 33027	Title: Name: Address: City-St-Zip:	()Change()Addition
Title: Name: Address: City-St-Zip:	D (X) Delete MAXWELL, LAVANZO 16820 SW 39TH STREET MIRAMAR, FL 33027	Title: Name: Address: City-St-Zip:	()Change()Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RASHAUN WILLIAMS D 10/19/2005