

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000082627

1. Entity Name
KITCHEN & BATH, GRANITE BY J.R., INC



Principal Place of Business
824 BUNKER RD
WEST PALM BEACH, FL 33405

Mailing Address
824 BUNKER RD
WEST PALM BEACH, FL 33405

FILED

2006 OCT 23 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10132006 REIN-P CR2E098 (11/05)

4. FEI Number
20-1180321

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent
CASTANON, OLIVIA
824 BUNKER RD
WEST PALM BEACH, FL 33405

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

FL Zip Code

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

DATE

10. OFFICERS AND DIRECTORS

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

900081121069
10/23/06 - 01052-025 **\$150.00

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CASTANON, OLIVIA 824 BUNKER RD WEST PALM BEACH, FL 33405	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RODRIGUEZ, JUAN M 824 BUNKER RD WEST PALM BEACH, FL 33405	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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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"/> 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: *Olivia Castanon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-16-06

Daytime Phone #

012761