

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000107465

Entity Name: JB REAL PROS, INC.

FILED  
Oct 05, 2005  
Secretary of State

## Current Principal Place of Business:

8191 NORTH PINE ISLAND RD  
TAMARAC, FL 33321

## New Principal Place of Business:

## Current Mailing Address:

8191 NORTH PINE ISLAND RD  
TAMARAC, FL 33321

## New Mailing Address:

FEI Number: 41-2147161

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPRUCE, WILLIAM D ESQ.  
1600 WEST COMMERCIAL BOULEVARD  
FORT LAUDERDALE, FL 33309 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: WILLIAM D. SPRUCE

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:

Title: P ( ) Delete  
Name: SPRUCE, WILLIAM D  
Address: 8191 N PINE ISLAND RD  
City-St-Zip: TAMARAC, FL 33321

Title: S ( ) Delete  
Name: LENTZ, MARK  
Address: 11500 NW 26 ST.  
City-St-Zip: PLANTATION, FL 33323

Title: T ( ) Delete  
Name: SCHUK, JEFFREY  
Address: 11562 NW 23 ST.  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: V ( ) Delete  
Name: WALLER, ELLEN  
Address: 6512 NW 56 DR  
City-St-Zip: CORAL SPRINGS, FL 33067

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ELLEN S. WALLER

VP

10/05/2005

Electronic Signature of Signing Officer or Director

Date