

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000109869

Entity Name: JALPO PUBLISHING COMPANY, INC.

FILED
Jan 24, 2008
Secretary of State

Current Principal Place of Business:

POST OFFICE BOX 840009
HOLLYWOOD, FL 33084

New Principal Place of Business:

661 NE 195TH STREET
PH-406
MIAMI, FL 33179

Current Mailing Address:

POST OFFICE BOX 840009
HOLLYWOOD, FL 33084

New Mailing Address:

661 NE 195TH STREET
PH-406
MIAMI, FL 33179

FEI Number: 20-1800887

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRAGER, ROSS
1000 NORTH HIATUS ROAD
PEMBROKE PINES, FL 33026 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: TRAGER, ROSS

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: D () Delete
Name: FOLKES, LEWIS
Address: 1000 NORTH HIATUS ROAD
City-St-Zip: PEMBROKE PINES, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR (X) Change () Addition
Name: FOLKES, LEWIS
Address: 661 NE 19TH STREET PH-406
City-St-Zip: MIAMI, FL 33179

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LEWIS FOLKES

MR

01/24/2008

Electronic Signature of Signing Officer or Director

Date