


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000004797		
1. Entity Name J AND C INVESTORS, INC.		

Principal Place of Business 707 FALKIRK AVE VALRICO, FL 33594 US	Mailing Address 707 FALKIRK AVE VALRICO, FL 33594 US
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2. Principal Place of Business - No P.O. Box # <u>1623 Carter Oaks Dr</u>	3. Mailing Address <u>1623 Carter Oaks Dr</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <u>Valrico, Florida</u>	City & State <u>Valrico, Florida</u>
Zip <u>33594</u>	Zip <u>33594</u>
Country <u>Hillsborough</u>	Country <u>Hillsborough</u>

FILED

2007 SEP -5 AM 7:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08032007 REIN-P CR2E098 (1/07)

6. Name and Address of Current Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL Zip Code	

4. FEI Number <u>61-1482448</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 <u>[Signature]</u>	DATE <u>8-30-07</u>
(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	D WHITT, JANET 707 FALKIRK AVE VALRICO, FL 33594 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Whitt, Janet <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>1623 Carter Oaks Dr</u> <u>Valrico FL 33594</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMMACK, CHAD 707 FALKIRK AVE VALRICO, FL 33594 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Hammack, Chad <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>1623 Carter Oaks Dr</u> <u>VALRICO, FL 33594</u>
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 <u>400109044374</u> <u>09/05/07--01011--002 **300.00</u>
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
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: <u>[Signature]</u>	8-30-07 813-464-1364
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	