


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

|  |                       |   |                       |
|--|-----------------------|---|-----------------------|
| <b>DOCUMENT # P05000013062</b>   |                       |  |                       |
| 1. Entity Name<br><b>JIZO'S COMPUTERS, INC.</b>                              |                       |   |                       |
| Principal Place of Business<br><b>14160 SW 147 COURT<br/>MIAMI, FL 33196</b> |                       | Mailing Address<br><b>14160 SW 147 COURT<br/>MIAMI, FL 33196</b>                  |                       |
| 2. Principal Place of Business<br><b>4670 NW 69 AVE</b>                      |                       | 3. Mailing Address<br><b>4670 NW 69 AVE</b>                                       |                       |
| Suite, Apt. #, etc.  |                       | Suite, Apt. #, etc.   |                       |
| City & State<br><b>MIAMI FL</b>  |                       | City & State<br><b>MIAMI FL</b>   |                       |
| Zip<br><b>33166</b>  | Country<br><b>USA</b> | Zip<br><b>33166</b>   | Country<br><b>USA</b> |

06 NOV 27 PM 2:17



10272006 REIN R CR2E098 (11/06) **06**  
**REINSTATEMENT**  
2. PER Number **20-2339793** Applied For  
Not Applicable

|   |  |  |  |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent<br><b>ZAPATA, JOSE I<br/>14160 SW 147 COURT<br/>MIAMI, FL 33196</b> |  | 7. Name and Address of New Registered Agent<br>Name <b>ZAPATA, JOSE I.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>4670 NW 69 AVE</b><br>City <b>MIAMI</b> <b>FL</b> Zip Code <b>33166</b> |  |
|---|--|--|--|

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  **11/20/06**  
Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

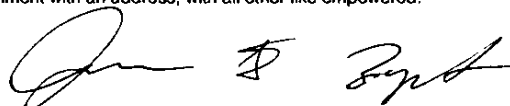
**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2007, Fee will be \$300.00**

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

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PV<br/>ZAPATA, JOSE I<br/>14160 SW 147 COURT<br/>MIAMI, FL 33196</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>PV<br/>ZAPATA, JOSE I.<br/>4670 NW 69 AVE<br/>MIAMI FL 33166</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T<br/>ZAPATA, BETTY<br/>14160 SW 147 COURT<br/>MIAMI, FL 33196</b> <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>T<br/>ZAPATA BETTY<br/>4670 NW 69 AVE<br/>MIAMI FL 33166</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>000082135140<br/>11/29/06--01026--017 **150.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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:**



**11/20/06** **B. Mitchell** **NOV 27 2006**