

REINSTATEMENT										
DOCUMENT # P05000013062 1. Entity Name						A			- • i	
JIZO'S CO	RS, INC.				9	O.	• •	і 27 г.: 2	. 17	
Principal Plac	e of Busines:	s	Mailing Address	<u> </u>		1	U	0 NO. 2	. ا ۱۰۱ ک	. 11
14160 SW 147 COURT			14160 SW 147 COURT					•		
MIAMI, FL 33	3190		MIAMI, FL 33196				- Adrian Ameri 400h 2001 00	, 2010: HEES	2546 5415 HE	rem n rêm
2. Principal P	lace of Busin	2290	3. Mailing Address	3. Mailing Address						
4670 NW 69 AVE			4670 NW 69AVE				i orini ohiy obili daril al		CONTRACTOR COLUMN	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			10272006	REPERT A	T CPSE	098 (44(85)	rdho
City & State MIAMI FL			City & State MIAMI FL		۲_	4. Personil	20-23	3979	3 No	plied For t Applicable
zi3311	66	Country	^{Zip} 33166	Country C	1SA	5. Certificate	of Status Desired		\$8.75 Add Fee Require	
	6. Name	and Address of Current	N	Name ->		Address of New		Agent		
ZAPATA, JOSE I 14160 SW 147 COURT MIAMI, FL 33196					Name ZAPATA, JOSE J. Street Address (P.O. Box Number is Not Acceptable)					
					4670 NW 69 AVE City MIAMI FL Zip Code 33/66					
					City	MIAMI		FI	Zip Code	33166
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 Algent and the if applicable. (NOTE: Registered Algent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the After January 1, 2007, Fee will be \$300.00 corporation did not receive the prior notice.										F.S., the notice.
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS	<u>l</u> /CHANGES TO OF	FICERS AN	D DIRECTOR:	S IN 11
TITLE NAME	PV ZAPATA,	MOSE I	☐ Delete	TITLE	PV	, PATA. I	OSF I.		Change	Addition
STREET ADDRESS	1	V 147 COURT			DDRESS 446	570NW	69 AVE			
CITY-ST-ZIP	MIAMI, FL 33196		спу		ZIP M	IAMI FO	- 33166			
TITLE NAME	T Zapata,	BETTY	C Oelete	title Name	21	APATA B	ETTY		Change	Addition
STREET ADDRESS	14160 SV	V 147 COURT			ODRESS 46	70 NW	69 AVE L 3316C			
CITY-ST-ZIP TITLE	MIAMI, FL 33196			CITY-ST-	ZIP /P/	IAMIF	2 33/66		☐ Change	Addition
NAME			_ Delete	NAME		O (000821 20601026	351		
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NAME Street address				NAME Street al	DORESS					
CITY-ST-ZIP				CITY-ST-	ZIP					
TITLE NAME			☐ Delete	title Name					☐ Change	☐ Addition
STREET ADDRESS				STREET AL						
CITY-ST-ZIP	<u> </u>		——————————————————————————————————————	CITY-ST-	-ZIP					
TITLE NAME			☐ Delete	TITLE NAME					☐ Change	■ Addition
STREET ADDRESS City-St-Zip				STREET AL						
VIII-UI-UI	<u> </u>			G11-31-	<u></u>					

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.

SIGNATURF:

\$ 3nd

11/20/06 Mitches NOV 27 2006