

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000038984 1. Entity Name JCA SOLUTIONS, INC.				FILED 07 JUN 26 AM 8:06 FLORIDA STATE APOPKA, FLORIDA	
Principal Place of Business 1118 TIMBERLINE RD APOPKA, FL 32703		Mailing Address 1118 TIMBERLINE RD APOPKA, FL 32703		 REINSTATEMENT	
2. Principal Place of Business - No P.O. Box # 1757 LAKELET LOOP		3. Mailing Address 1757 LAKELET LOOP			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State OVIEDO, FL		City & State OVIEDO, FL		4. FEI Number 20-2503415	
Zip FL 32765		Country SEMINOLE		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARCILA, JULIO C 1118 TIMBERLINE RD APOPKA, FL 32703 Julio Cesar Arcila.		7. Name and Address of New Registered Agent Name JULIO CESAR ARCILA Street Address (P.O. Box Number is Not Acceptable) 1757 LAKELET LOOP City OVIEDO FL Zip Code 32765			
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 _____ DATE 05-10-07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$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 NAME STREET ADDRESS CITY-ST-ZIP	P ARCILA, JULIO C 1118 TIMBERLINE RD APOPKA, FL 32703	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JULIO CESAR ARCILA 1757 LAKELET LOOP OVIEDO, FL 32765	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OSPINA, FLOR 1118 TIMBERLINE RD APOPKA, FL 32703	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FLOR OSPINA 1757 LAKELET LOOP OVIEDO, FL 32765	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Julio Cesar Arcila. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			05-10-07 (321) 388-6493 <small>Date Daytime Phone #</small>		