


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000049598		
1. Entity Name J.R.L. PLAZA MANAGEMENT CORP.		

FILED

08 MAY 19 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 3231 SW 103 COURT MIAMI, FL 33165		Mailing Address 3231 SW 103 COURT MIAMI, FL 33165
2. Principal Place of Business - No P.O. Box # 16160 NW 83 PL Suite, Apt. #, etc.	3. Mailing Address 16160 NW 83 PL Suite, Apt. #, etc.	

05162008 REIN-P CR2E098 (1/07)

City & State Miami Lakes FL		City & State Miami Lakes FL		4. FEI Number APPLIED FOR	Applied For Not Applicable
Zip 33016	Country	Zip 33016	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GARCIA, OCTAVIO 3231 SW 103 COURT MIAMI, FL 33165		7. Name and Address of New Registered Agent Name: Rosa M Garcia Street Address (P.O. Box Number is Not Acceptable) 16160 NW 83 PL City: Miami Lakes FL FL Zip Code: 33016	
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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: *Rosa M Garcia* (NOTE: Registered Agent signature required when reinstating) DATE: _____

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	PD GARCIA, OCTAVIO 3231 SW 103 COURT MIAMI, FL 33165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OCTAVIO Garcia 16160 NW 83 PL Miami Lakes FL 33016. <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GARCIA, ROSA MARIA 3231 SW 103 COURT MIAMI, FL 33165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD. Rosa Maria Garcia 16160 NW 83 PL Miami Lakes FL 33016. <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	600130903646 06/05/08--01018--022 ***300.00 <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
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

REINSTATEMENT

RH 5-08

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: *Rosa M Garcia* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____ Daytime Phone #: _____