

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000051226

1. Entity Name
JOHN O'CONNOR, INC.



Principal Place of Business
15600 SW 288TH STREET SUITE 401
HOMESTEAD, FL 33033

Mailing Address
15600 SW 288TH STREET SUITE 401
HOMESTEAD, FL 33033

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03072007

REIN-P

CR2E098 (1/07)

4. FEI Number

20-2725274

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GUEST, JAMES M
15600 SW 288TH STREET SUITE 401
HOMESTEAD, FL 33033

7. Name and Address of New Registered Agent

Name JOHN P. O'CONNOR

Street Address (P.O. Box Number is Not Acceptable)
18944 SW 313 TERR.

City HOMESTEAD, FLA

FL

Zip Code 33030

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

John P. O'Connor Jr.

JOHN P. O'CONNOR JR.

3-8-07

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

\$300.00

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

10. OFFICERS AND DIRECTORS

TITLE DPST
NAME O'CONNOR, JOHN ☒ Delete
STREET ADDRESS 15600 SW 288TH STREET SUITE 401
CITY-ST-ZIP HOMESTEAD, FL 33033

TITLE V
NAME O'CONNOR, JOHN ☒ Delete
STREET ADDRESS 15600 SW 288TH STREET SUITE 401
CITY-ST-ZIP HOMESTEAD, FL 33033

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE JOHN O'CONNOR INC ☐ Change ☐ Addition
NAME JOHN P. O'CONNOR
STREET ADDRESS 18944 SW 313 TERR
CITY-ST-ZIP HOMESTEAD FLA 33030 ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 800093250958
STREET ADDRESS 03/16/07--01011--015
CITY-ST-ZIP **300.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

John P. O'Connor Jr. JOHN P. O'CONNOR JR.

Date

3-8-07

Daytime Phone #

305-799-8918

FILED

2007 MAR 12 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



3/12/07

March 9, 2007

John P Oconnor
18944 SW 313 Terrace
Homestead, Florida 33034

Department of States
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

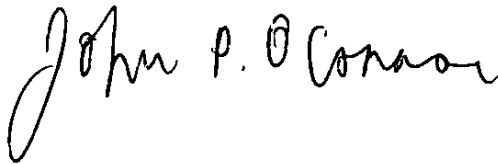
Re: Document # P05000051226

To whom it may concern:

This is to notify the Department of States that I did not receive a notice to renew my incorporation. The address on file is not the correct address. Please make a note that my correct address for all future information is; 18944 SW 313 Terrace, Homestead, Florida 33034. I would also like for you to waive the penalty fee due to the situation mentioned above.

Thank you,

John P O'Connor

A handwritten signature in black ink that reads "John P. O'Connor". The signature is written in a cursive style with a large, stylized "J" and "O".