2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000071657

1. Entity Name
JORZA CORP

Principal Place of Business	Mailing Address
507 MCNEAL DR DELTONA, FL 32725	507 MCNEAL DR DELTONA, FL 32725

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

10272008   REIN-P   CR2E098 (1/07)

4. FEI Number	Applied For
16-1725230	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JORZA, RICHARD P 507 MCNEAL DR DELTONA, FL 32625	Name Street Address (P.O. Box Number is Not Acceptable) City _____ FL _____ Zip Code

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 agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After January 1, 2009, 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	V	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JORZA, KATHLEEN A		NAME	**200138092212**
STREET ADDRESS	507 MCNEAL DR		STREET ADDRESS	11/19/08--01031--024 **150.00
CITY-ST-ZIP	DELTONA, FL 32725		CITY-ST-ZIP	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JORZA, RICHARD P		NAME	
STREET ADDRESS	507 MCNEAL DR		STREET ADDRESS	
CITY-ST-ZIP	DELTONA, FL 32725		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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: _Richard P. Jorza_   _11-1-08_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #