2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000123583

Entity Name: J C PERFECT TOUCH INC

FILED Oct 23, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

9439 SAN JOSE BLVD 7047 DEER LODGE CR

APT 218 UNIT 102

JACKSONVILLE, FL 32257 US JACKSONVILLE, FL 32256 US

Current Mailing Address: New Mailing Address:

9439 SAN JOSE BLVD 7047 DEER LODGE CR

APT 218 UNIT 102

JACKSONVILLE, FL 32257 US JACKSONVILLE, FL 32256 US

FEI Number: 20-3439058 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

XPRESS EFILE INC 1511 PENMAN RD STE B

JACKSONVILLE BEACH, FL 32250 US

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.

SIGNATURE: DOMINGO NAVARRO

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete
 Title:
 P
 (X) Change () Addition

 Name:
 NAVARRO, DOMINGO C
 Name:
 NAVARRO, DOMINGO C

 Address:
 9439 SAN JOSE BLVD APT 218
 Address:
 7047 DEER LODGE CIR UNIT 102

City-St-Zip: JACKSONVILLE, FL 32257 US City-St-Zip: JACKSONVILLE, FL 32256 US

Title: S () Delete Title: VP (X) Change () Addition Name: GONZALEZ, MARIA Name: GONZALEZ, MARIA

 Address:
 9439 SAN JOSE BLVD APT 218
 Address:
 7047 DEER LODGE CIR UNIT 102

 City-St-Zip:
 JACKSONVILLE, FL 32257 US
 City-St-Zip:
 JACKSONVILLE, FL 32256 US

Title: VP (X) Delete Title: () Change () Addition

 Name:
 NAVARRO, DOMINGO V
 Name:

 Address:
 9439 SAN JOSE BLVD APT 218
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32257 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOMINGO NAVARRO P 10/23/2007