


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P05000137916</b> 1. Entity Name <b>J.L.C.B. INC.</b>	
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FILED  
08 NOV 10 PH 2:02  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>452 BLUE GARDEN LANE OSPREY, FL 34229</b>	Mailing Address <b>452 BLUE GARDEN LANE OSPREY, FL 34229</b>
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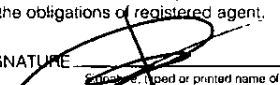
2. Principal Place of Business - No P.O. Box # <b>452 Blue garden</b>	3. Mailing Address <b>Osprey Fla</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



City & State <b>Osprey FLA</b>	City & State <b>Osprey FLA</b>	4. FEI Number <b>20-3571417</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip <b>34229</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>BLUS, JENNIFER L 452 BLUE GARDEN LANE OSPREY, FL 34229</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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.

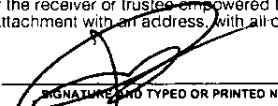
SIGNATURE:  DATE: **10/31/08**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2009, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST <b>BLUS, JENNIFER</b> <b>452 BLUE GARDEN LANE</b> <b>OSPREY, FL 34229</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  DATE: **10/30/08** Daytime Phone #