


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000137916 1. Entity Name J.L.C.B. INC.			
Principal Place of Business 452 BLUE GARDEN LANE OSPREY, FL 34229		Mailing Address 452 BLUE GARDEN LANE OSPREY, FL 34229	
2. Principal Place of Business - No P.O. Box # 452 Blue garden		3. Mailing Address Osprey FLA	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State USA 34229		City & State Osprey FLA	
Zip 34229		Zip 34229	
Country USA		Country FLA	
4. FEI Number 20-3571417		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLUS, JENNIFER L 452 BLUE GARDEN LANE OSPREY, FL 34229		7. Name and Address of New Registered Agent 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: 		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 PVST	NAME BLUS, JENNIFER	<input type="checkbox"/> Delete	
STREET ADDRESS 452 BLUE GARDEN LANE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY - ST - ZIP OSPREY, FL 34229			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY - ST - ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY - ST - ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY - ST - ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 		DATE: 10/31/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

FILED
08 NOV 10 PM 2:02
FLORIDA STATE
ATLANTA, FLORIDA

REINSTATEMENT
11032008 REIN P 11032008 (1/07) 08

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11/10/08--01025--003 Change 750.00 Addition