

**2006 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 05, 2006  
Secretary of State**

DOCUMENT# P05000148632

Entity Name: J.JARAMILLO RESIDENTIAL MULTI-SERVICES, INC

**Current Principal Place of Business:**

2180 NE 44TH STREET  
1  
LIGHTHOUSE POINT, FL 33064

**New Principal Place of Business:**

**Current Mailing Address:**

2180 NE 44TH STREET  
1  
LIGHTHOUSE POINT, FL 33064

**New Mailing Address:**

FEI Number: 20-3801074      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

ACOSTA, ALCIRA  
2180 NE 44TH STREET  
1  
LIGHTHOUSE POINT, FL 33064 US

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

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: ALCIRA ACOSTA

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:**

Title: P ( ) Delete  
Name: ACOSTA, ALCIRA  
Address: 2180 NE 44TH STREET SUITE # 1  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: VP ( ) Delete  
Name: JARAMILLO, GUILLEMO  
Address: 2180 NE 44TH STREET SUITE # 1  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ALCIRA ACOSTA

Electronic Signature of Signing Officer or Director

P

10/05/2006

Date