

1 of 2


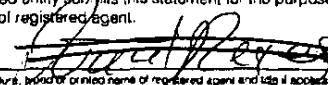
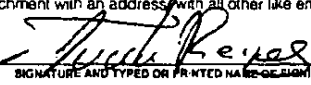
07-08

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 MAY -5 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000155718			
1. Entity Name JB PLASTER INC			
Principal Place of Business 26747 STARDUST BONITA SPRINGS, FL 34135 27051 Jackson Ave Bonita Springs, FL 34135		Mailing Address 26340 OLD 41 27051 Jackson Ave G- BONITA SPRINGS, FL 34135 Bonita Springs, FL 34135	
2. Principal Place of Business - No P.O. Box # 27051 Jackson Ave Suite, Apt. #, etc.		3. Mailing Address 27051 Jackson Ave Suite, Apt. #, etc.	
City & State Bonita Springs, FL Zip 34135		City & State Bonita Springs, FL Zip 34135	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		4. FEI Number 20-3833773	
6. Name and Address of Current Registered Agent MARTINEZ, MARIA 26340 OLD 41 SUITE C BONITA SPRINGS, FL 34135		7. Name and Address of New Registered Agent Name Michael D Arceneaux Street Address (P.O. Box Number is Not Acceptable) 1323 Lafayette St Suite A City Cape Coral FL Zip Code 33904	
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:  See Attachment - 3-28-08 Signature, printed or typed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$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 NAME STREET ADDRESS CITY-ST-ZIP	P REYES, JUAN 26747 STARDUST 27051 Jackson Ave BONITA SPRINGS, FL 34135	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500128547045 05/05/08--01071--002 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000851778 03/26/08--80002--020 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	05/05/08--01071--001 **35.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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:  (239) 398-2133		Date	

Attachment

2 of 2

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: JB Plaster Inc
2. The principal office address: 27051 Jackson Ave, Bonita Springs, FL 34135
3. The mailing address (if different): Same as above
4. Date of incorporation/qualification: 11/28/2005 Document number: P05000155718
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Maria Martinez

26340 Old 41 Suite C

Bonita Springs, FL 34135

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Michael D Arceneaux

1323 Lafayette St Ste A

(P.O. Box NOT acceptable)

Cape Coral, FL 33990

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

Juan Reyes

(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


(Signature of Registered Agent)

April 28, 2008

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

***** FILING FEE: \$35.00 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)