2008 FOR PROFIT CORPORATION
REINSTATEMENT

DOCUMENT # P06000027919

1. Entity Name
JVG SERVICE, CORP.

08 JUL 16 AM 7:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 7·18

REINSTATEMENT 07-08

Principal Place of Business	Mailing Address
30 SW 66TH AVE. MIAMI, FL 33144	30 SW 66TH AVE. MIAMI, FL 33144

2. Principal Place of Business - No P.O. Box #	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip / Country	Zip / Country		

4. FEI Number **20-4385496** — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GUADAMUZ, JORGE 30 SW 66TH AVE. MIAMI, FL 33144	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 _____

Signature, typed or printed 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 **PD** NAME **GUADAMUZ, JORGE** STREET ADDRESS **30 SW 66TH AVE.** CITY-ST-ZIP **MIAMI, FL 33144**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition **600133017796** 07/16/08--01032--004 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: _____   July 14, 08   3052187615

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #