

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000049506

Entity Name: JEC CLAIM CONSULTANTS, INC.

FILED
Jun 09, 2009
Secretary of State

Current Principal Place of Business:

7891 W. FLAGLER ST
MIAMI, FL 33144

New Principal Place of Business:

Current Mailing Address:

7891 W. FLAGLER ST
MIAMI, FL 33144

New Mailing Address:

FEI Number: 20-4641791

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPA, JULIETTE E
7891 W. FLAGLER ST
MIAMI, FL 33144 US

Name and Address of New Registered Agent:

CAMPA, JULIETTE E
7891 W. FLAGLER ST
124
MIAMI, FL 33144 US

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: JULIETTE E. CAMPA

06/09/2009

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: CAMPA, JULIETTE E
Address: 7891 W. FLAGLER ST
City-St-Zip: MIAMI, FL 33144

Title: P () Delete
Name: CAMPA, JULIETTE E
Address: 7891 W. FLAGLER ST
City-St-Zip: MIAMI, FL 33144

Title: P () Delete
Name: CAMPA, JULIETTE E
Address: 7891 W. FLAGLER ST
City-St-Zip: MIAMI, FL 33144

Title: P () Delete
Name: CAMPA, JULIETTE E
Address: 7891 W. FLAGLER ST
City-St-Zip: MIAMI, FL 33144

Title: P () Delete
Name: CAMPA, JULIETTE E
Address: 7891 W. FLAGLER ST
City-St-Zip: MIAMI, FL 33144

Title: P () Delete
Name: CAMPA, JULIETTE E
Address: 7891 W. FLAGLER ST
City-St-Zip: MIAMI, FL 33144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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: JULIETTE E. CAMPA

P

06/09/2009

Electronic Signature of Signing Officer or Director

Date