


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000061628		
1. Entity Name J.O.J. REPAIRS, INC.		

FILED

07 OCT 12 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 446 NW 200 STREET - incorrect MIAMI, FL 33055-1513	Mailing Address 446 NW 200 STREET - incorrect MIAMI, FL 33055-1513
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REINSTATEMENT

2. Principal Place of Business - No P.O. Box # 4446 NW 200 St Suite, Apt. #, etc.	3. Mailing Address 4446 NW 200 St. Suite, Apt. #, etc.
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City & State Miami, FL	City & State Miami, FL	4. FEI Number 14-1959739	Applied For Not Applicable
Zip 33055	Country USA	Zip 33055	Country USA

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PEREZ, JORGE 4446 N.W. 200 STREET MIAMI, FL 33055-1513		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$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	D PEREZ, JORGE 4446 N.W. 200 STREET MIAMI, FL 330551513	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300110743349 10/12/07--01063--014 **158.75	<input type="checkbox"/> Change <input type="checkbox"/> 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: Jorge Perez 10/7/07 (786) 506-6766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

8 Mitchell OCT 12 2007