2008 FOR PROFIT CORPORATION REINSTATEMENT

| | REINSTA | TEMENT | | | , | | | | |
|---|--|--|--------------------|--|--|---|----------------|----------------------|----------------------------|
| 1. Entity Nam | MENT #-P06000120 JCKING, INC. | 350 | | | FILED 2008 APR 14 AM 6: 57 | | | | |
| | | | | | | | | | |
| Principal Place | e of Business CT | Mailing Address 2828 KEEL CT | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | | E Da |
| 106 LANTANA, FL 33462 | | 106 | | | | • | | | |
| LANTANA, FL | L 33462 | LANTANA, FL 33462 | LAIVIANA, FL 33402 | | | ! !! !!! !!!!! !!!!! !!! | | | |
| 2. Principal Piace of Business - No P.O. Box # / 4837 5 W 43 Lane Suite. Apt. #. etc. | | 3. Mailing Address / UFB7 SW 42 Lane Suite, Apt. #, etc. | | | | | | | |
| Suite, Apt. | . #, etc. | Suite, Apt. #, etc. | | | 03072008 | TREIN-P | CR2EO |)8 (1/07) | 01-0 |
| City & State Hiam. Flore da. | | City & State Williams Flounds | | | 4. FEI Numb | er 57 73 80 | | No | plied For at Applicable |
| Zip 33/ | Country USA | Zip 33185 | Count | 15 A | 5. Certificate | of Status Desired | | 8.75 Add | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | | | |
| GONZALE | 7 155115 | Name | | | | | | | |
| GONZALEZ, JESUS 2828 KEEL CT 106 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| LANTANA, FL 33462 | | | | City | | | | T 7:- C-4 | |
| | | | | 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 | | | | | | | | | |
| | | | | | | | | | |
| FII | LE NOW!!! FEE IS \$300.00 | | | In accordance w corporation did r | | | | | |
| 10. | OFFICERS AND I | DIRECTORS | 11. | | ADDITIONS | CHANGES TO OFFI | | | S IN 11 |
| TITLE NAME | PD GONZALEZ, JESUS | ☐ Delete | TITLE | | _ | | _ | Change | Addition |
| STREET ADDRESS | 2828 KEEL CT #106 | | | T ADDRESS | 04.71 | 00123; \4/080104; | മറിയായ 9020 | ±#300 | n na |
| CITY-ST-ZIP | LANTANA, FL 33462 | | CITY- | ST - ZIP | ידט. | דטוט טטידו. | J 060 | 44.JU | |
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| NAME | | | NAME | l. | | | | _ • | |
| STREET ADDRESS CITY-ST-ZIP | | | | T ADDRESS ST-ZIP | | | | | |
| TITLE | | ☐ Delete | TITLE | | | | | Change | ☐ Addition |
| NAME | | LLI Delcie | NAME | | | | | onlings | |
| STREET ADDRESS | | | | T ADORESS | | | | | |
| CITY-ST-ZIP | cartify that the information avanties with | this filing does not available | | ST-ZIP | in Chanter 11 | Florida Statutos 14 | urther cost 6 | that the i- | formation |
| 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 additional particles, with all other like empowered. | | | | | | | | | |
| | | | | | | | | | |
| SIGNATURE: 03/08/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone # | | | | | | | | | |