

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

|  |  |   |   |  |  |
|--|--|---|---|--|--|
| <b>DOCUMENT # P06000151784</b><br>1. Entity Name<br><b>M AND J ONE CALL DO ALL INC</b>   |  |   |   |  |  |
| Principal Place of Business<br><b>26 SEWARD TRAIL EAST<br/>PALM COAST, FL 32164</b>  |  |   | Mailing Address<br><b>1800 OLD MOODY BLVD<br/>BUNNELL, FL 32110</b>   |  |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address<br><b>26 Seward Trl. E</b> |   |  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.                           |   |  |  |
| City & State   |  | City & State<br><b>Palm Coast, FL</b>         |   | 4. FEI Number<br><b>20-8013696</b>   |  |
| Zip  |  | Country                                       |   | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| Zip<br><b>32164</b>  |  | Country                                       |   | 1031 <b>REINSTATEMENT</b> 08   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>ALVARADO, MANUEL<br/>26 SEWARD TRAIL EAST<br/>PALM COAST, FL 32164</b>   |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |  |
| 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.<br>SIGNATURE: <u><i>Manuel S. Alvarado</i></u> <span style="float: right;">11/04/08</span><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After January 1, 2009, Fee will be \$300.00</b>   |  |   | 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PRES<br>ALVARADO, MANUEL<br>26 SEWARD TRAIL EAST<br>PALM COAST, FL 32164 |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 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: <u><i>Manuel S. Alvarado</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |   | 11/04/08<br><small>Date Daytime Phone #</small>   |  |  |

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA



1031 **REINSTATEMENT** 08

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