

2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAR 24 PM 12:14



03102009 REIN-P CR2E098 (1/07)

DOCUMENT # P07000061679					
1. Entity Name JJCONSTRUCTIONOFORLANDO.CO					
Principal Place of Business 6009 WOODS AVE ORLANDO, FL 32809			Mailing Address 6009 WOODS AVE ORLANDO, FL 32809		
2. Principal Place of Business - No P.O. Box # <i>Same</i>		3. Mailing Address <i>Same</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FFI Number <i>ETN</i> <i>75-3242661</i>	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TORRES, JESSICA 6009 WOODS AVE ORLANDO, FL 32809			7. Name and Address of New Registered Agent Name <i>Same</i> Street Address (P.O. Box Number is Not Acceptable) City <i>FL</i> 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 <i>Jessica Torres</i> DATE <i>3-20-2009</i> (Signature, typed or printed name of registered agent and date of filing) (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 NAME STREET ADDRESS CITY-ST-ZIP	<i>P/D Director</i> VELEZ, EDWIN J 6009 WOODS AVE ORLANDO, FL 32809 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/BC Carlor Busse 6009 WOODS AVE ORLANDO FL 32809 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VELEZ, ALEXIS J 6009 WOODS AVE ORLANDO, FL 32809 ☒ Delete <i>Change OK BUS</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	M VELEZ Alexis 6009 WOOD AVE ORLANDO FL 32809 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DIAZ, JOSEPH 6009 WOODS AVE ORLANDO, FL 32809 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/B Xiomara Gonzalez 6009 WOODS AVE ORLANDO FL 32809 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>B 3/24/09</i> ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P/D</i> VELEZ Edwin 6009 WOODS AVE ORLANDO FL 32809 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>08-09</i> ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	200147024412 03/24/09--01007--011 ***300.00 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 secretary 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: <i>Edwin J. Velez</i>			3-20-2009 407-953-0378		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Corporate Phone #		