


2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED

09 JUN 10 AM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA


DOCUMENT # P07000072218 1. Entity Name J L R C CONSULTING CORPORATION	
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Principal Place of Business 2145 CENTERGATE DR. MIRAMAR, FL 33025 BD	Mailing Address 2145 CENTERGATE DR. MIRAMAR, FL 33025 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc	3. Mailing Address Suite, Apt. #, etc
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City & State	City & State
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Zip	Country	Zip	Country
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02192009 REIN-P CR2E098 (1/07)

4. FEI Number 26-0407366	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RIVAS, JOSE L 2145 CENTERGATE DR. MIRAMAR, FL 33025	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1986 MADEIRA DRIVE City WESTON FL Zip Code 33327
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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 _____ <small>Signature required for current and new registered agent, and where applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVAS, JOSE L	NAME	
STREET ADDRESS	2145 CENTERGATE DR.	STREET ADDRESS	1986 MADEIRA DRIVE
CITY - ST - ZIP	MIRAMAR, FL 33025	CITY - ST - ZIP	WESTON FL 33327
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____ <small>Daytime Phone # _____</small>
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