


2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 DEC -8 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000097236		
1. Entity Name JEAN LIGHT CORPORATION		

Principal Place of Business 225 NW 72ND AVENUE #43 MIAMI, FL 33126	Mailing Address 225 NW 72ND AVENUE #43 MIAMI, FL 33126
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



11122008 REIN-P CR2E098 (1/07)

4. FEE Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GHIGLIONE, LILIANA F 7710 NW 12TH STREET PEMBROKE PINES, FL 33024		Name <u>JEAN P. BARRIOS</u>	
		Street Address (P.O. Box Number is Not Acceptable)	
		<u>225 NW 72nd Ave #43</u>	
		City <u>MIAMI</u>	FL <u>33126</u>

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 [Signature] (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$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 NAME STREET ADDRESS CITY-ST-ZIP	P GHIGLIONE, LILIANA F 7710 NW 12TH STREET PEMBROKE PINES, FL 33024 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600138687446 12/08/08--01040--009 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARRIOS, JEAN P 225 NW 72ND AVENUE #43 MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT

RH

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 [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 11/11/08 Date Daytime Phone # _____