

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 OCT 27 PM 2:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000000205	
1. Entity Name J & A MANAGEMENT COMPANY, INC. OF BLUE WATER BAY	



Principal Place of Business 500 KELLY RD OFFICE VALPARAISO, FL 32580	Mailing Address 500 KELLY RD OFFICE VALPARAISO, FL 32580
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



10212005 REIN-P CR2E098 (6/04)

4. FEI Number 59-3163784	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WRIGHT, JOSEPH L 1420 BAYSHORE DR NICEVILLE, FL 32578		Name Street Address (P.O. Box Number is Not Acceptable) 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	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$800.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVDO WRIGHT, MICHAEL R 106 WRIGHT DRIVE NICEVILLE, FL 32578 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600060966916 10/27/05--01038--010 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 exemption stated in Section 119.07(3)(i), 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: <i>Wendy Mikulec</i>	10-26-05	850-678-5968
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

2/2

OAKVIEW GARDEN APTS.  
500 KELLY MILL RD.  
VALPARAISO, FL. 32580  
850-678-5968

10/25/2005

TO WHOM IT MAY CONCERN:

THIS IS THE FIRST REINSTATEMENT NOTICE RECEIVED BY THIS OFFICE. ENCLOSED  
IS PAYMENT IN THE AMOUNT OF \$158.75.

THANK YOU,

  
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PROPERTY MANAGER