

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000089711

1. Corporation Name

J & B Plus, Inc.

Principal Place of Business

Mailing Address

FILED

01 AUG 29 AM 11: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 10 South Royal Poinciana Boulevard		26 10 South Royal Poinciana Boulevard		11/15/1995			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		65-0630390		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 Miami Springs FL		28 Miami Springs FL		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		County		29 33166		30 Miami-Dade	
24 33166		25 Miami-Dade		29 33166		30 Miami-Dade	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

Antonio Romeu
275 NW Fountainbleau Boulevard
130
Miami, FL 33172

81 Name
Marta Lopez
82 Street Address (P.O. Box Number is Not Acceptable)
792 Rio Vista Drive
83
84 City
Miami Springs
FL 85 Zip Code
33166

11. Pursuant to the provisions of Sections 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Marta Lopez* Marta Lopez
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

8/24/01

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	PD	1.1 TITLE	
NAME	Guillermo Martinez	1.2 NAME	800004603248--0
STREET ADDRESS	10 South Royal Poinciana Boulevard	1.3 STREET ADDRESS	-09/20/01--01078--009
CITY-ST-ZIP	Miami Springs FL 33166	1.4 CITY-ST-ZIP	****750.00 ****750.00
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 or on attachment with an address.

SIGNATURE *Guillermo Martinez* Guillermo Martinez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/24/01

305-888-7877

Daytime Phone #

Florida Division of Corporations
Florida Department of State
409 East Gaines Street
Tallahassee, FL 32399


Re: J & B Plus, Inc.

Enclosed are the following:

1. Uniform Business Report for the corporation referenced above.
2. \$ 750 check payable to Florida Department of State

It is our understanding that the state will waive the late filing fee (and reinstate the company if applicable) because we never received the Uniform Business Report that should have been mailed to us earlier this year. Thank you.

Sincerely,

By: 
Name: Guillermo Martinez
Title: President
Date: 8/24/01