

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000021692

1. Entity Name
LAW OFFICES OF CARLO JEAN-JOSEPH,
PROFESSIONAL ASSOCIATION



Principal Place of Business
6730 W COMMERCIAL BLVD
LAUDERHILL, FL 33319 US

Mailing Address
6730 W COMMERCIAL BLVD
LAUDERHILL, FL 33319 US

2. Principal Place of Business
Suite, Apt., etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt., etc.
City & State
Zip Country

10222005 REIN-P CR2E098 (6/04)

4. FEI Number
65-0819639

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JEAN-JOSEPH, CARLO
6730 W COMMERCIAL BLVD
LAUDERHILL, FL 33319

7. Name and Address of New Registered Agent

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 _____

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$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	D JEAN-JOSEPH, CARLO 6730 W COMMERCIAL BLVD LAUDERHILL, FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800061046758 10/31/05--01049--016 <input type="checkbox"/> Change <input type="checkbox"/> Addition **150.00
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
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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: Carlo Jean-Joseph **10-20-05** **854-742-2828**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
05 OCT 31 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

