2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000041239

1. Entity Name
JC'S GLOBAL MORTGAGE GROUP, INC.

FILED
05 OCT 24 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10/14/05 01042 006 750.00

Principal Place of Business	Mailing Address
1940 HARRISON STREET SUITE 204B HOLLYWOOD, FL 33020 US	1940 HARRISON STREET SUITE 204B HOLLYWOOD, FL 33020 US

10212005 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
223 N 28th Avenue	223 N 28th Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hollywood, Florida	City & State: Hollywood, Florida
Zip: 33020 Country: USA	Zip: 33020 Country: USA

4. FEI Number: 65-0917662 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COHEN, NARLEAN N
2015 NW 46TH AVE
UNIT B204
LAUDERHILL, FL 33313

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
223 N 28th Avenue

City: Hollywood, FL Zip Code: 33020

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
Narlean Cohen

FILE NOW!!! FEE IS $750.00
After January 1, 2006, Fee will be $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST COHEN, SANDRA M 2015 NW 46TH AVE #B204 LAUDERHILL, FL 33313	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 223 N 28th Avenue Hollywood, FL 33020
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT 05
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition T. Roberts OCT 27 2005
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Sandra Cohen