

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P99000072503</b> 1. Entity Name <b>J &amp; R PUBLISHING COMPANY</b>	
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Principal Place of Business <b>12246 S.W. 131ST AVE. MIAMI, FL 33186</b>	Mailing Address <b>12246 S.W. 131ST AVE. MIAMI, FL 33186</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>DOMINGUEZ, LUIS R</b> <b>12246 S.W. 131ST AVE.</b> <b>MIAMI, FL 33186</b>		Name Street Address (P.O. Box Number is Not Acceptable) City	
		<b>FL</b>	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: *[Signature]* DATE: 12/20/04

(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2005, Fee will be \$300.00</b>	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	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MONTES DE OCA, JEANNIE R</b>	NAME	
STREET ADDRESS	<b>12246 S.W. 131ST AVE.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 33186</b>	CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOMINGUEZ, LUIS R</b>	NAME	
STREET ADDRESS	<b>12246 S.W. 131ST AVE.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 33186</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<b>900046559669</b>
STREET ADDRESS		STREET ADDRESS	<b>02/15/05--01006--011 **150.00</b>
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *[Signature]* DATE: 12/20/04 DAYTIME PHONE #: 305-259-8101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
04 DEC 21 PM 12:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



12202004 REIN-P CR2E098 (6/04)

4. FEI Number <b>65-0960258</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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*[Handwritten mark]*