

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P99000092411

**Entity Name:** J.M.B. BODY SHOP, INC.

**FILED**  
**Feb 28, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2179 OPA LOCKA BLVD.  
OPA LOCKA, FL 33054

**New Principal Place of Business:**

**Current Mailing Address:**

2179 OPA LOCKA BLVD.  
OPA LOCKA, FL 33054

**New Mailing Address:**

**FEI Number:** 65-0957267

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BONILLA, JOSE M  
6951 WEST 7TH AVENUE  
HIALEAH, FL 33014 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: JOSE M BONILLA

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPTS  
Name: BONILLA, JOSE M  
Address: 6951 W. 7TH AVE.  
City-St-Zip: HIALEAH, FL 33014

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOSE BONILLA

P

02/28/2011

Electronic Signature of Signing Officer or Director

Date