PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC -4 AM 9:30

DOCUMENT # **P00000027841**

1. Corporation Name

A & Y ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1121 ELLIS ROAD. SOUTH JACKSONVILLE FL 32205	1121 ELLIS ROAD. SOUTH JACKSONVILLE FL 32205

REINSTATEMENT 01

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
5532 Ricker Road	5532 Ricker Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
JACKSONVILLE, FLORIDA	JACKSONVILLE, FLORIDA
Zip 32244 Country U.S.A.	Zip 32244 Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 03/13/2000

5. FEI Number: 59-3633873 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
President	HAYSSAM BALACH YAZJI	7247 PLACID OAKS DRIVE	JACKSONVILLE, FLORIDA 32277
Vice-President	ELIAN RAYMOND ALBERT	5365 OAK BAY DRIVE NORTH	JACKSONVILLE, FLORIDA 32277

500004721495--7
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****750.00 ****750.00

8. Name and Address of Current Registered Agent

ALBERT, ELIAN RAYMOND
1121 ELLIS ROAD, SOUTH
JACKSONVILLE FL 32205

9. Name and Address of New Registered Agent

Name: ALBERT, ELIAN RAYMOND
Street Address (P.O. Box Number is Not Acceptable): 5532 Ricker Road
Suite, Apt. #, Etc.:
City: JACKSONVILLE State: FL Zip Code: 32277

CR2E040 (8/01)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Elian Raymond Albert — Date: 11/27/2001
REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Sam Yazji HAYSSAM YAZJI 11-27-01 904-771-7090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #