

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P02000016646**

1. Entity Name  
**O & Y COMMUNICATION ELECTRONICS & INV., INC.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 DEC 7 AM 11:11

Principal Place of Business Mailing Address



2. Principal Place of Business - No P.O. Box #  
**3779 SW 135 AVE**

3. Mailing Address  
**SAMP.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

12062007 REIN-P CR2E098 (1/07)

City & State  
**MIAMI FL**

City & State

Zip  
**33175**

Country  
**USA.**

4. FEI Number  
**APPLIED FOR**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GOMEZ, VIOLETA**  
**3779 SW 135 AVE**  
**MIAMI, FL 33175**

**7. Name and Address of New Registered Agent**

Name  
**OLGA SIMON**

Street Address (P.O. Box Number is Not Acceptable)

**3779 SW 135 AVE**

City  
**MIAMI FL**

Zip Code  
**33175**

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: *Olga Simon* (NOTE: Registered Agent signature required when reinstating) DATE: 12/6/07

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2008, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GOMEZ, VIOLETA</b> <b>3779 SW 135 AVE</b> <b>MIAMI, FL 33175</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>FREDDY E. GONZALEZ</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>3779 SW 135 AVE</b> <b>MIAMI FL 33175</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>OLGA SIMON</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>3779 SW 135 AVE</b> <b>MIAMI FL 33175</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>500113157985</b> <b>12/14/07--01045--008 **150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>B 12/7/07</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>REINSTATEMENT 07</b>
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 exemptions contained in Chapter 119, 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: *Olga Simon* DATE: 12/6/07 Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR