

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 NOV -8 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06



1022006 REIN-P CR2E098 (11/05)

4. FEI Number 41-2102872	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DOCUMENT # P03000078769 1. Entity Name O & Y ENTERPRISE INC.	
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Principal Place of Business 920 E 41 ST HIALEAH, FL 33013	Mailing Address 920 E 41 ST HIALEAH, FL 33013
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2. Principal Place of Business <i>Same</i>	3. Mailing Address <i>Same</i>
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Suite, Apt. #, etc. 	Suite, Apt. #, etc.
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City & State 	City & State
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Zip 	Country 	Zip 	Country
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6. Name and Address of Current Registered Agent BARRIOS, OJEL 920 E 41 ST HIALEAH, FL 33013
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7. Name and Address of New Registered Agent Name <i>Same</i> Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: 11/2/06.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	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 NAME STREET ADDRESS CITY-ST-ZIP	PD SOSA, YENLI 920 E 41 ST HIALEAH, FL 33013	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-weight: bold; font-size: 1.2em;"> 300081633513 11/08/06--01036--007 **150.00 </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARRIOS, OJEL 920 E 41 ST HIALEAH, FL 33013	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 an other like empowered.

SIGNATURE: 11/2/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date
786-251-7306