

**2006 FOR PROFIT CORPORATION  
REINSTATEMENT**

**FILED**

06 NOV 27 AM 8:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # F05000000347</b>				
1. Entity Name J & G EISELE ENTERPRISES, INC.				
Principal Place of Business 723 E. LOCUST #117 FRESNO, CA 93720		Mailing Address 723 E. LOCUST #117 FRESNO, CA 93720		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent  LEIMON, MURRAY K MD RESOURCES, INC. 5876 THREE IRON DRIVE, SUITE 601 NAPLES, FL 34110				7. Name and Address of New Registered Agent
				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: 				DATE: 11/15/06
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE
<b>FILE NOW!!! FEE IS \$150.00</b> 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.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTCD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EISELE, J. GREG		NAME	
STREET ADDRESS	8798 N SPALDING		STREET ADDRESS	
CITY-ST-ZIP	FRESNO, CA 93720		CITY-ST-ZIP	
TITLE	VSVC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EISELE, JEANIE F		NAME	
STREET ADDRESS	8798 N SPALDING		STREET ADDRESS	
CITY-ST-ZIP	FRESNO, CA 93720		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EISELE, JEANIE F		NAME	
STREET ADDRESS	8798 N SPALDING		STREET ADDRESS	
CITY-ST-ZIP	FRESNO, CA 93720		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	
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 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 answered.				
SIGNATURE: 				DATE: 11/15/06 x (559) 447-4480
SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR				Date Daytime Phone #



11022006 REIN-P CR2E098 (11/05)

4. FEI Number 55-0811097 Applied For Not Applicable

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

100092135211  
11/29/06--01026--019 \*\*150.00

**REINSTATEMENT**