


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000049404		
1. Entity Name JENNINGS II ENTERPRISES, CORP.		

FILED

04 NOV -9 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



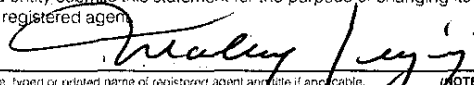
10252004 REIN-P CR2E098 (6/04)

Principal Place of Business 20240 S.W. 103RD AVENUE MIAMI, FL 33189		Mailing Address 20240 S.W. 103RD AVENUE MIAMI, FL 33189	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-1014065	Applied For <input type="checkbox"/> Not Applicable
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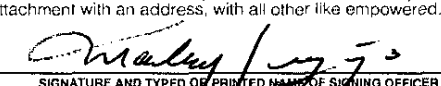
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CUQUEJO, MARLENE 20240 S.W. 103RD AVENUE MIAMI, FL 33189		7. Name and Address of New Registered Agent Name Street 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  Signature, typed or printed name of registered agent and title if applicable.	DATE 11/1/04 NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00	
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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 RODRIGUEZ, RODOLFO F 20240 S.W. 103RD AVENUE MIAMI, FL 33189 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200042606572 11/09/04--01069--019 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CUQUEJO, MARLENE F 20240 S.W. 103RD AVENUE MIAMI, FL 33189 <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 exemption stated in Section 119.07(3)(i), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 11/1/04 Daytime Phone #

P00000049404

JENNINGS II ENTERPRISES, CORP.

20240 S.W. 103RD AVENUE

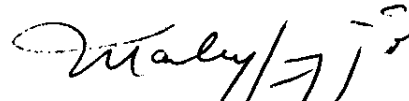
MIAMI, FL 33189

November 1, 2004

To Whom It May Concern:

This is the first year that I did not receive a notice to reinstate the Corporation. I tried downloading the application and I was unable to do so. I called to have an application sent to me and they told me I could still pay the amount of \$150.00 this year (2004) but every other year I will have to file myself without receiving the forum. If I need a form I will need to get it before January of 2005 so I can file.

If you have any questions, please call me at (305) 253-8041 or write to the above-mentioned address. THANK YOU.



Marlene Cuquejo, Secretary