

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
 TALLAHASSEE, FLORIDA

DOCUMENT # P0000116160

01 OCT 25 PM 3:55

1. Corporation Name
 SUBJAY, INC.

Principal Place of Business Mailing Address

1498 NW 54TH STREET MIAMI FL 33142



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
 Suite, Apt. #, etc.
 City & State
 Zip

3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip

7372 New 5th Street
 Plantation, FL 33317
 33317 Broward

4. Date Incorporated or Qualified To Do Business in Florida
 12/20/2000 SP

5. FEI Number
 65-1083215

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	STONE, GERALD	1498 NW 54TH STREET	MIAMI FL 33142
PD	Ross, Lolina	4407 BUCHANAN STREET	Hollywood, FL 33021

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 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

ROSS, LOLINA H
 4407 BUCHANAN STREET
 HOLLYWOOD FL 33021

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
 FL

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 [Signature] SIGNATURE REQUIRED REGISTERED AGENT MUST SIGN Date 10/22/01

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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: [Signature] SIGNATURE REQUIRED ROSS 10/22/01 (954)6496037

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED040 (8/01)