


2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05

DOCUMENT # P00000116307			
1. Entity Name JAIMES' ENTERPRISES, INC.			
Principal Place of Business 2311 HIGHWAY 17 N WAUCHULA, FL 33873		Mailing Address 2311 HIGHWAY 17 N WAUCHULA, FL 33873	
2. Principal Place of Business		3. Mailing Address P.O. BOX 1643	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State WAUCHULA, FLORIDA	
Zip	Country	Zip	Country
33873		33873	HARDEE
4. FEI Number 65-1063969		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ISAAC, ROOSEVELT S SR 347 S. ORANGE AVE. ARCADIA, FL 34266		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <u>Roosevelt S. Isaac Sr.</u>		DATE <u>10-27-05</u>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, 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 NAME STREET ADDRESS CITY-ST-ZIP	P JAIMES, ARTURO 2311 HIGHWAY 17 N ARCADIA, FL 34266 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600061182976 11/07/05--01006--005 **\$150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JAIMES, ROSALBA 2311 HIGHWAY 17 N ARCADIA, FL 34266 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Arturo Jaimes - Pres.</u>		DATE <u>10-27-05</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	