


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000011879		
1. Entity Name JAW ENTERPRISES, INC.		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC -6 AM 10: 20

REINSTATEMENT *dp*



Principal Place of Business 12299 WEDGE WAY BOYNTON BEACH, FL 33437	Mailing Address 12299 WEDGE WAY BOYNTON BEACH, FL 33437
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

11162006 REIN-P CR2E098 (11/05)

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name <u>Joseph Wentz</u> Street Address (P.O. Box Number is Not Acceptable) <u>12299 Wedge Way</u> City <u>Boynton Beach</u> FL Zip Code <u>33347</u>	
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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 Joseph Wentz DATE 12/04/06
(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, 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	PSTD WENTZ, BETTY J 12299 WEDGE WAY BOYNTON BEACH, FL 33347 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500082322045 12/06/06--01038--013 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WENTZ, JOSEPH A 12299 WEDGE WAY BOYNTON BEACH, FL 33347 <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 all other like empowered.

SIGNATURE Joseph Wentz VP DATE 12/4/06 DAYTIME PHONE # 544-742-3875
(Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)