APPROVED AND FILED

03 MAR 31 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

800018568248
05/08/03--01065--006 **908.75

REINSTATEMENT 02-03

DOCUMENT # P01000023710

1. Corporation Name

AYNAYE ENTERPRISES, INC.

2. Principal Office Address		3. Mailing Office Address	
3406 AMACA CIRCLE		3406 AMACA CIRCLE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
ORLANDO, FL		ORLANDO, FL	
Zip	Country	Zip	Country
32837	USA	32837	USA

4. Date Incorporated or Qualified To Do Business in Florida: 03/02/01

5. FEI Number: 59-3703320 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑

7. Name and Address of Current Registered Agent

Name: BAEZ, JUAN

Street Address (P.O. Box Number is Not Acceptable): 3406 AMACA CIRCLE

Suite, Apt. #, Etc.:

City: ORLANDO | State: FL | Zip Code: 32837d

8. I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Juan Baez — REGISTERED AGENT MUST SIGN — Date: 3/28/03

CR2E031 (10/02)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	BAEZ, JUAN	3406 AMACA CIRCLE	ORLANDO, FL 32837
D	BAEZ, AYMEE	3406 AMACA CIRCLE	ORLANDO, FL 32837

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for 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: Juan Baez — 3/28/03

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