

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000064448 1. Entity Name J. & Y. ENTERPRISE, INC.					
Principal Place of Business 14018 SW 40TH TERR MIAMI, FL 33175			Mailing Address 14018 SW 40TH TERR MIAMI, FL 33175		
2. Principal Place of Business 3227 WEST PALMETTO STREET Suite, Apt. #, etc. STREET		3. Mailing Address 3227 W. PALMETTO STREET Suite, Apt. #, etc.			
City & State TAMPA, FLORIDA		City & State TAMPA, FLORIDA		4. FEI Number 65-1117306	
Zip 33607		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SUAREZ, JAVIER 14018 S.W. 40TH TERRACE MIAMI, FL 33175				7. Name and Address of New Registered Agent Name JAVIER SUAREZ Street Address (P.O. Box Number is Not Acceptable) 3227 W. PALMETTO STREET City TAMPA	
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.				Applied For <input type="checkbox"/> Not Applicable	
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE 11/28/05	
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 P NAME SUAREZ, JAVIER STREET ADDRESS 14018 S.W. 40TH TERRACE CITY-ST-ZIP MIAMI, FL 33175	<input type="checkbox"/> Delete		TITLE 200003485672 NAME 01/27/06--01/03--021 STREET ADDRESS ***150.00 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ST NAME SUAREZ, YAMIEE STREET ADDRESS 14018 S.W. 40TH TERRACE CITY-ST-ZIP MIAMI, FL 33175	<input type="checkbox"/> Delete		TITLE 1/4/06 NAME REINSTATEMENT STREET ADDRESS 105 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	
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	
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:				PRES. 11/28/05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	