

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION.
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 OCT 15 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000094687

1. Corporation Name

JYS, Inc. DBA City market

2. Principal Office Address - No P.O. Box #

3. Mailing Office Address

1401 W. Cervantes St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pensacola

City & State

Florida

Zip

32501

Country

USA
Escambia

Zip

32501

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

9/26/2001

5. FEI Number

59-3748076

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Yolanda Aurelio

Street Address (P.O. Box Number is Not Acceptable)

8141 Westbourne Dr

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32506

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

300161503823
10/08/09--01001--012 **\$500.00

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

Yolanda Aurelio
REGISTERED AGENT MUST SIGN

Date

10/1/09

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	Jayson Aurelio	4960 Wasp Blvd.	Honolulu, Hawaii 96818
C	Cheryl Aurelio	4960 Wasp Blvd.	Honolulu, Hawaii 96818
P/M	Yolanda Aurelio	8141 Westbourne Dr	Pensacola, FL 32506

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 contained in Chapter 119, 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:

Yolanda Aurelio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/1/09 (852) 470-9551

Daytime Phone #