

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 JUL -8 AM 6:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 702 000 021730

1. Corporation Name

Jose G. Enterprises Inc

600132480796
07/08/08--01028--004 **350.00

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

5682 Dewberry Way.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

REINSTATEMENT 07-08
CR2E081 (12/07)

City & State

West Palm Beach

City & State

Zip 33415

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

010618737

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

JOSE GARCIA

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

5682 Dewberry way

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33415

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.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

7/22/08

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
<u>P</u>	<u>JOSE GARCIA</u>	<u>5682 Dewberry way</u>	<u>West Palm Beach FL 33415</u>
	<u>M/A</u>		

10. I certify that I am an officer, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

7/22/08

Date

(561)

722-9966

Daytime Phone #