## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1. Comparation Name   1. Comparation Name   2. Principal Office Address No P.O. Box # 3. Mailing Office Address	CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 08 JUL -8 AM 6: 31
2. Principal Office Address - No P.O. Box 8  5 8 8 2 Deubburry WAY  Sulle, Apt. R. etc.  4. Data Incorporated or Qualified To De Business in Florida  5. FEI Number  City & State  Country  7. Name and Address of Current Registered Agent  Name  7. Name and Address of Current Registered Agent  Name  7. Name and Address of Current Registered Agent  Name  8. Lobing appointed the include of State Country  Suite, Apt. R. Etc.  City A State  7. Name and Street Agents (P.O. Box Number is Not Acceptable)  Suite, Apt. R. Etc.  City A State  7. Name and Address of Current Registered Agent  Name  8. Lobing appointed the include of State Country  8. Lo		TALLAHASSEE, FLORIDA
Suite, Apt. #, etc.    A. Data Incorporated or Cualified To Do Blueness in Florids	Jose G. Enterprises Inc	600132480796 07/08/0801028004 **350.00
4. Date Incorporation of Challed	5682 Deuberry WAY.	REINSTATEMENT, 07-08
S. FEI Number   Applied for		
7. Name and Address of Current Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City  Suite, Apt. #, Etc.  Signature of Registered Agent  10. Loarity that I am an office of director or the receiver or inustoe empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement and or foliage in the registred Agent and or foliage in the resistance of the requirement and or foliage in the resistance of the component name satisfies the requirements of section 607.0500 or 617, F.S. I further certify that when filling this reinstatement application is true and secure the requirements of section 607.0500 or 617, F.S. I further certify that when filling this reinstatement application is true and secure the segments of on the application in true and secure and in the segment of the requirements of the requirements of the requirements of the filling this reinstatement application is true and secure and shall have the same legal effect as if made under costh.  Signature:  10. Loarity that I am an office of director or the receiver or inustoe empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application is true and security that when filling this reinstatement application is true and security and the same segment of on the qualify or an exemption contained in Chapter 119, F.S. The information indicated on this application is true and security and the same legal effect as if made under costh.  Signature:		
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 notice and some or provided for in chapter 607 or 617, 650, 750, 750, 750, 750, 750, 750, 750, 7		6. \$8.75 Additional Fee required
The reinstatement fee is imposed, except in birustances which the entity did not receive the Street Adgress (P.O. Box Number is Not Acceptable)  Sured Adgress (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City  Let being appointed the registed and requesting the reinstatement fee be waived.  Signature of Registered Agent  REGISTERED AGENT MUST SIGN  9. Names and Street Addresses of Each Officer and/or Director (Pfonda nonprofit corporations must list at least 3 directors)  Titles  Name of Officers and/or Directors  Name of Officers and/or Directors  Name of Officers and/or Directors  Total Address of Each Officer and/or Director (Pfonda nonprofit corporations must list at least 3 directors)  10. Letrity that I am an office of 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 is true and countries and feel to the sound on this application or this application is true and countries and my agreements of section 607.0401 or 617.0401, F.S., that at less owed by the corporation has plean failed and the passes of the form of not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and countries, askiny beginning shall have the same legal effect as if made under oath.  SIGNATURE:	7. Name and Address of Current Registered Agent	
Signature of Registered Agent  REGISTERED AGENT MUST SIGN  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  Officer and/or Director  Officer and/or Di	Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City  State  Zip Code	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
Titles  Name of Officers and/or Directors  Street Address of Each Officer and/or Director  TOSSE GARCIA  TOSSE DARGIA  TOSSE GARCIA  TOSSE DARGIA  TOSSE GARCIA  TOSSE DARGIA  TOSSE GARCIA  TOSSE DARGIA  TOSSE GARCIA  TOSSE GARCIA  TOSSE DARGIA  TOSSE GARCIA  TOSSE DARGIA  TOSSE GARCIA  TOSSE GAR	Signature of Registered Agent Date 1/22/06	
Tose Garant a 5682 Deubburg Way Ward Colm. But FC  3 3 4 1/6  10. I certify that I am an office of 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 filling this reinstatement application have been failed and the corporate name satisfies the requirements of section 607,0401 or 617,0401, F.S., that at I fees over 40 the corporation have been failed apply to parames of Limitoriduals 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 occurate, and my high after 8 hall have the same legal effect as if made under oath.  (561)  SIGNATURE:		
10. I certify that I am an office of 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 filling this reinstatement application has been officially the reason for dissolution has been offininated, the corporate name satisfies the requirements of section 607,0401 or 617,0401, F.S., that att fees owed by the corporation have been caid 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:		
this reinstatement application) the reason for dissolution has been efficiently described by the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been daid 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 occurate, and my signature shall have the same legal effect as if made under oath.  SIGNATURE:	1 JOSE GARCIA J682 Denber	y way West Colm. Beh FC
this reinstatement application) the reason for dissolution has been efficiently described by the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been daid 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 occurate, and my signature shall have the same legal effect as if made under oath.  SIGNATURE:		33915
this reinstatement application) the reason for dissolution has been efficiently described by the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been daid 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 occurate, and my signature shall have the same legal effect as if made under oath.  SIGNATURE:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
this reinstatement application) the reason for dissolution has been efficiently described by the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been daid 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 occurate, and my signature shall have the same legal effect as if made under oath.  SIGNATURE:		
this reinstatement application) the reason for dissolution has been efficiently described by the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been daid 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 occurate, 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 / Date Davime Phone #	this reinstatement application) the reason for dissolution has been effininated, the corporate name satisfies owed by the corporation have been daid and the names of individuals listed on this form do not qualify for a on this application is true and occurate, any my signature shall have the same legal effect as if made unde	the requirements of section 607.0401 or 617.0401, F.S., that all fees an exemption contained in Chapter 119, F.S. The information indicated