

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 JAN 26 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000056329

1. Entity Name
J G MANSUR ENTERPRISES, INC.



Principal Place of Business

10174 S.W. 161 AVE.
MIAMI, FL 33196

Mailing Address

10174 S.W. 161 AVE.
MIAMI, FL 33196

REINSTATEMENT 04-05



2. Principal Place of Business

10520 NE 6 Ave

3. Mailing Address

10520 NE 6 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01242005 REIN-P

CR2E098 (6/04)

MRD

City & State

Miami Shores, FL

City & State

Miami Shores, FL

4. FEI Number

47-0871187

Applied For

Not Applicable

Zip
33138

Country
USA

Zip
33138

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MANSUR, J G
10174 S.W. 161 AVE.
MIAMI, FL 33196

7. Name and Address of New Registered Agent

Name
Mansur, J.G.
Street Address (P.O. Box Number is Not Acceptable)
10520 NE 6 Ave
City
Miami Shores FL Zip Code
33138

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MANSUR, J G
10174 SW 161 AVE.
MIAMI, FL 33196 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Mansur, J.G.
10520 NE 6 Ave
Miami Shores, FL 33138 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

J.G. Mansur

1/24/05

(305) 542-9128

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #