


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000120037 1. Entity Name ENCARNACION ENTERPRISES, INC.	
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FILED
05 MAY -9 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business % JN ACCOUNTING & TAX SERVICE INC 10305 NW 41ST STREET, SUITRE 116 MIAMI, FL 33178	Mailing Address % JN ACCOUNTING & TAX SERVICE INC 10305 NW 41ST STREET, SUITRE 116 MIAMI, FL 33178
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 1351 SW 23 ST Suite, Apt. #, etc.
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City & State Miami, FL	City & State Miami, FL	4. FEI Number 33-1030439	Applied For <input type="checkbox"/> Not Applicable
Zip 33145	Country	Zip 33145	Country

6. Name and Address of Current Registered Agent TORRES, JOSE 10305 N.W. 41S STREET SUITE 116 MIAMI, FL 33178	7. Name and Address of New Registered Agent Name Mariela Encarnacion Street Address (P.O. Box Number is Not Acceptable) 1351 SW 23 ST Miami City Miami
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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 DATE **04/26/05**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	PTD ENCARNACION, MARIELA <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	10305 N.W. 41ST STREET SUITE 116	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33178	CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	400054745374 05/18/05--01058--002 **308.75
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: DATE **(786) 443-0650**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

REINSTATEMENT

04-05