2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000123942

Title:

Name:

Address:

City-St-Zip:

FILED Jan 05, 2009 Secretary of State

Entity Nam	1e: JAYINVES	STMEN	T PROPERTIES INC					
Current Principal Place of Business:					New Principal Place of Business:			
	ES BLVD, 160 E PINES, FL 3	3029	US					
Current Mailing Address:					New Mailing Address:			
	ES BLVD, 160 E PINES, FL 3	3029	US					
FEI Number:	65-1028034	FEI Nu	mber Applied For()	FEI Num	ber Not Appli	icable ()	Certificate of	Status Desired ()
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
PIERRE, JU 1015 NW 9 MIAMI, FL	9 ST							
The above in the State		ubmits t	this statement for the p	ourpose of	changing it	ts registered o	office or regist	tered agent, or both,
SIGNATUR	E: JUVAN PII							
Election Cam	e with s. 607.193	(2)(b), F. Trust Fu	ture of Registered Age S., the corporation did no und Contribution ().	ot receive th			Date TO OFFICE	RS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	P () PIERRE, LINDA 1015 NW 99 ST MIAMI, FL 3315	Delete 0			Title: Name: Address: City-St-Zip:	() Change()Ad	ldition
Title: Name: Address: City-St-Zip:	D () PIERRE, JUVAN 1015 NW 99 ST MIAMI, FL 3315				Title: Name: Address: City-St-Zip:	VP (X PIERRE, JUVA 1015 NW 99 S MIAMI, FL 33	Т	ddition
Title: Name: Address: City-St-Zip:	S () PIERRE, DELIVI 1015 NW 99 ST MIAMI, FL 3315				Title: Name: Address: City-St-Zip:	() Change()Ao	ldition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above or an an enterphase with an eddress with all other like empowered. above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JUVAN PIERRE VΡ 01/05/2009

() Delete

PEMBROKE PINES, FL 35029

PIERRE, JUSTIN

17598 SW 13 ST

(X) Change () Addition

PIERRE, JUSTÍN

17598 SW 13 ST

PEMBROKE PINES, FL 35029