


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000072593 1. Entity Name FIVE J GROUP, INC.	
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FILED
08 OCT 27 PM 1:13

Principal Place of Business 1569 N.W. 27TH AVENUE MIAMI, FL 33125	Mailing Address 1569 N.W. 27TH AVENUE MIAMI, FL 33125
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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT
10162008 - REINSTATEMENT CR2E098 (1/07) 08

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 20-0081622	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent OGANDO-PIRON, JUAN T 1569 N.W. 27TH AVENUE MIAMI, FL 33125	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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Name Street Address (P.O. Box Number is Not Acceptable) City	Applied For <input type="checkbox"/> Not Applicable
FL	Zip Code

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: *Jaymo Martz* (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$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		Delete <input type="checkbox"/>
TITLE	PTD	<input type="checkbox"/>
NAME	OGANDO-PIRON, JUAN T	
STREET ADDRESS	1569 N.W. 27TH AVENUE	
CITY-ST-ZIP	MIAMI, FL 33125	
TITLE	VSD	<input type="checkbox"/>
NAME	MARTINEZ, JAZMIN	
STREET ADDRESS	1569 N.W. 27TH AVENUE	
CITY-ST-ZIP	MIAMI, FL 33125	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		Change <input type="checkbox"/>	Addition <input type="checkbox"/>
TITLE	700137311807		
NAME	10/27/08--01037--002 **150.00		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Jaymo Martz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____