

2004 FOR PROFIT CORPORATION REINSTATEMENT



FILED

04 NOV 18 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11082004 REIN-P CR2E098 (6/04)

DOCUMENT # P03000119144 1. Entity Name SMOOTHIES & JUICES, INC.					
Principal Place of Business 6101 SW 8 STREET MIAMI, FL 33144			Mailing Address 6101 SW 8 STREET MIAMI, FL 33144		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 56-2407097			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired			<input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SANCHEZ, JOSE J 6101 SW 8 STREET MIAMI, FL 33144			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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: <u><i>Jose J Sanchez</i></u> JOSE J. SANCHEZ <u>11/14/04</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete		TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SANCHEZ, JOSE J		NAME	VLADIMIR SVAREZ	
STREET ADDRESS	6101 SW 8 STREET		STREET ADDRESS	141 SW 23 ROAD	
CITY-ST-ZIP	MIAMI, FL 33144		CITY-ST-ZIP	MIAMI, FLORIDA 33129	
TITLE	D. <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VLADIMIR SVAREZ		NAME	700042871687	
STREET ADDRESS	141 SW 23 ROAD		STREET ADDRESS	11/18/04--01051--021 **158.75	
CITY-ST-ZIP	MIAMI, FL 33129		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
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)(l), 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: <u><i>Jose J Sanchez</i></u> JOSE J. SANCHEZ <u>11/14/04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					