2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # P04000001210 1. Entity Name J & R BAY PROPERTIES CORP. 06 DEC 13 PM 4:27 REINSTATEMENT 06 Principal Place of Business Mailing Address 717 E 137TH AVE. 717 E 137TH AVE. TAMPA, FL 33613 TAMPA, FL 33613 2. Principal Place of Business 3. Mailing Address 1125 Nicki 1125 Nicki Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E098 (11/05) 10272006 Applied For City & State 4. FEI Number Kissimme 57-1195159 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARTINEZ, KOSE G Street Address (P.O. Box Number is Not Acceptable) 717 E 137TH AVE. TAMPA, FL 33613 City Zip Code FL 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 /*1-20-0*6 (NQTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. 200082522542 12/13/06--01049--015 **758 **PSTD** ☐ Delete TITLE TITLE NAME MARTINEZ, JOSE G STREET ADDRESS 717 E 137TH AVE. STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33613 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE 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 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. 11-20-07 SIGNATURE: G OFFICER OR DIRECT