



2005 FOR PROFIT CORPORATION REINSTATEMENT

pg 182

DOCUMENT # P04000039990 1. Entity Name JOSE JULIO GARAY, INC						FILED 05 DEC -2 PM 12:11 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 8636 WINDY CIRCLE BOYNTON BEACH, FL 33437 US				Mailing Address 8636 WINDY CIRCLE BOYNTON BEACH, FL 33437 US			
2. Principal Place of Business		3. Mailing Address		 REINSTATEMENT 11/18/2005 REIN-P CR2E098 (6/04) 05			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				4. FEI Number 04-3786851		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
GARAY, JOSE J 8636 WINDY CIRCLE BOYNTON BEACH, FL 33437				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				State 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 _____ <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, 2006, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD GARAY, JOSE J 8636 WINDY CIRCLE BOYNTON BEACH, FL 33437			TITLE NAME STREET ADDRESS CITY-ST-ZIP	700061550177 11/18/05--01048--017 ***150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PAGLIARI, JORGE 6100 NE 7TH AVENUE FORT LAUDERDALE, FL 33334			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S QUINTANA, HERBERT J 3805 SERVICE COURT LAKE WORTH, FL 33467			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Jose Julio Garay</i> 11-15-05 565-577-7573 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							

B. Mitchell DEC 2 2005