


2005 FOR PROFIT CORPORATION REINSTATEMENT

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| DOCUMENT # P04000091254 1. Entity Name ENRIQUE & JONATHAN CONSTRUCTION, INC. |  |
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FILED

05 NOV 15 PM 1:26

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| Principal Place of Business 2279 SANTA LUCIA STREET KISSIMMEE, FL 34743-3314 | Mailing Address 2279 SANTA LUCIA STREET KISSIMMEE, FL 34743-3314 |
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REINSTATEMENT

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| 2. Principal Place of Business 953 SW 4th St | 3. Mailing Address |
| Suite, Apt. #, etc. APT-11 | Suite, Apt. #, etc. |
| City & State MIAMI FL | City & State |
| Zip 33130 | Country DADE |

ef 1092005 REIN-P CR2E098 (6/04)

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| 4. FEI Number | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent MAESTREY, ENRIQUE G 2279 SANTA LUCIA STREET KISSIMMEE, FL 34743-3314 | |
| 7. Name and Address of New Registered Agent Name MAESTREY, ENRIQUE G. Street Address (P.O. Box Number is Not Acceptable) 953 SW 4th St. APT-11 City MIAMI | |
| State FL | |
| Zip Code 33130 | |

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: *Enrique G. Maestrey* DATE: 11/14/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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| 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. |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MAESTREY, ENRIQUE G 2279 SANTA LUCIA STREET KISSIMMEE, FL 347433314 | TITLE P NAME STREET ADDRESS CITY-ST-ZIP | MAESTREY, ENRIQUE G. 953 SW 4th St. APT-11 MIAMI FL 33130 |
| | <input type="checkbox"/> Delete | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V LUZ, MARIO J 2279 SANTA LUCIA ST. KISSIMMEE, FL 347423314 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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11/29/05--01073--014 **150.00

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: *Enrique G. Maestrey* DATE: 11/14/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #