
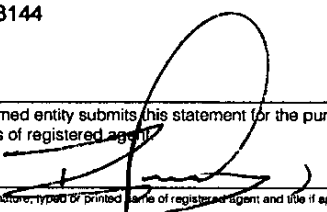
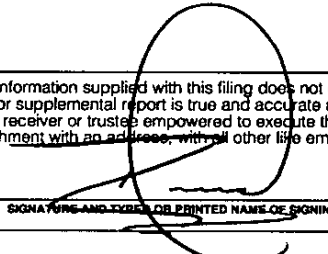


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P04000104667</b> 1. Entity Name <b>JAZZLYN &amp; ASHLY, CORP.</b>			
Principal Place of Business <b>7340 SW 13TH TERRACE MIAMI, FL 33144</b>		Mailing Address <b>7340 SW 13TH TERRACE MIAMI, FL 33144</b>	
2. Principal Place of Business <div style="text-align: center; font-size: 2em;">N/A</div>		3. Mailing Address <div style="text-align: center; font-size: 2em;">N/A</div>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State 		City & State 	
Zip 		Zip 	
Country 		Country 	
4. FEI Number 		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>PEREZ, ROBERTO D 7340 SW 13TH TERRACE MIAMI, FL 33144</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <div style="text-align: center; font-size: 2em;">N/A</div> City <div style="text-align: right; font-size: 1.5em;">FL</div> 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.</small>		DATE <b>10/15/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2006, Fee will be \$300.00</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>PD</b> NAME <b>PEREZ, ROBERTO D</b> STREET ADDRESS <b>7340 SW 13TH TERRACE</b> CITY-ST-ZIP <b>MIAMI, FL 33144</b>	<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
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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 life empowered.			
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <b>10/15/05</b> <b>305-505-1211</b> <small>Daytime Phone #</small>	

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10122005 REIN-P CR2E098 (6/04)

N/A

FL

Zip Code

10/15/05

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10/15/05

10/15/05 305-505-1211