

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P05000097135</b> 1. Entity Name <b>JENNY'S MANUFACTURING, CORP.</b>					
Principal Place of Business <b>6215 WEST 26TH COURT HIALEAH, FL 33016-6330</b>			Mailing Address <b>6215 WEST 26TH COURT HIALEAH, FL 33016-6330</b>		
2. Principal Place of Business - No P.O. Box # <b>9805 NW 80 Avenue</b>		3. Mailing Address <b>9805 NW 80 Avenue</b>			
Suite, Apt. #, etc. <b>Bay N-13</b>		Suite, Apt. #, etc. <b>Bay N-13</b>			
City & State <b>Hialeah Gardens, FL</b>		City & State <b>Hialeah Gardens, FL</b>			
Zip <b>33016</b>		Country <b>USA</b>		4. FEI Number <b>86-1142904</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CARRILLO, LIGIA G 6215 WEST 26TH COURT HIALEAH, FL 33016-6330</b>			7. Name and Address of New Registered Agent Name <b>CARRILLO, LIGIA G.</b> Street Address (P.O. Box Number is Not Acceptable) <b>9805 NW 80 Avenue</b> City <b>Bay N-13</b> <b>Hialeah Gardens FL 33016</b>		
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 <i>Ligia Carrillo</i> <b>Ligia G. Carrillo</b> <b>Director</b> <b>02-02-07</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$300.00</b>			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	D CARRILLO, LIGIA G 6215 WEST 26TH COURT HIALEAH, FL 330166330	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRILLO, RUTH 6215 WEST 26TH COURT HIALEAH, FL 330166330	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRILLO, RUTH 6215 WEST 26TH COURT HIALEAH, FL 330166330	<input checked="" type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRILLO, RUTH 6215 WEST 26TH COURT HIALEAH, FL 330166330	<input checked="" type="checkbox"/> Delete			
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.					
SIGNATURE: <i>Ligia Carrillo</i> <b>LIGIA G CARRILLO</b> <b>DIRECTOR</b> <b>02-02-07</b> <b>305-495-9668</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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**REINSTATEMENT** **06-07**

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