

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000103843

1. Entity Name
J Y N, CORP.



FILED
07 MAY 14 AM 8:46

SECRETARY OF STATE
REINSTATEMENT 06-07

Principal Place of Business 866 NW 208 WAY PEMBROKE PINES, FL 33029 US	Mailing Address 866 NW 208 WAY PEMBROKE PINES, FL 33029 US
--	--



2. Principal Place of Business - No P.O. Box # 3871 SW 169 Terr. Suite, Apt. #, etc.	3. Mailing Address 3871 SW 169 Terr. Suite, Apt. #, etc.
--	--

02272007 REIN-P CR2E098 (1/07)

City & State Miramar, FL	City & State Miramar, FL
Zip 33027	Country US
Zip 33027	Country US

4. FEI Number 20-3205629	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

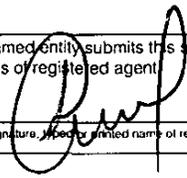
6. Name and Address of Current Registered Agent

SANCHEZ, SERGIO G
866 NW 208 WAY
PEMBROKE PINES, FL 33029

7. Name and Address of New Registered Agent

Name: Sanchez, Sergio G.
Street Address (P.O. Box Number is Not Acceptable):
3871 SW 169 Terrace
City: Miramar FL Zip Code: 33027

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:  (NOTE: Registered Agent signature required when reinstating) DATE: _____

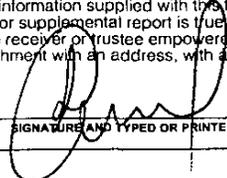
FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete SANCHEZ, SERGIO G 866 NW 208 WAY PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3871 SW 169 Terr. Miramar, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800103283858 05/25/07--01013--006 **300.00
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"/> Change <input type="checkbox"/> Addition
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 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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____