

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000103843

1. Entity Name
J Y N, CORP.



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.

3. Mailing Address
3871 SW 169 Terr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02272007 REIN-P CR2E098 (1/07)

City & State
Miramar, FL

City & State
Miramar, FL

4. FEI Number
20-3205629

Applied For
Not Applicable

Zip
33027

Country
US

Zip
33027

Country
US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
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☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
3871 SW 169 Terr.
Miramar, FL 33027

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
800103283858
05/25/07--01013--006 **300.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 #

FILED

07 MAY 14 AM 8:46

SECRETARY OF STATE

REINSTATEMENT 06-07

