

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000123300

1. Entity Name
J & J GONZALEZ ENTERPRISES, INC



Principal Place of Business
5945 LEE VISTA BLVD
APT 201
ORLANDO, FL 32822 FL

Mailing Address
5945 LEE VISTA BLVD
APT 201
ORLANDO, FL 32822 FL

FILED
07 MAY 22 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 06-07
05092007 REIN-P CR2E098 (1/07) WOD

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-3443439

Applied For

Not Applicable

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

GONZALEZ, JOSE
5945 LEE VISTA BLVD
APT 201
ORLANDO, FL 32822

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

05-16-07

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME GONZALEZ, JOSE J
STREET ADDRESS 5945 LEE VISTA BLVD, 201
CITY-ST-ZIP ORLANDO, FL 32822

TITLE VP ☐ Change ☒ Addition
NAME Gonzalez, Danny J.
STREET ADDRESS 5945 Lee Vista Blvd. 201
CITY-ST-ZIP Orlando, FL. 32822

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TREASURER ☐ Change ☒ Addition
NAME Gonzalez, Johann F.
STREET ADDRESS 5945 Lee Vista Blvd. 201
CITY-ST-ZIP Orlando, FL. 32822

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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 or without being empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-16-07

407-259-9542