

2007 FOR PROFIT CORPORATION REINSTATEMENT



FILE

07 JUL 16 AM 10:39

CREATED BY STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # P05000157036

1. Entity Name
J.Y. & G. ENTERPRISES INC.

Principal Place of Business 51 W 34TH STREET HIALEAH, FL 33012	Mailing Address 51 W 34TH STREET HIALEAH, FL 33012
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2. Principal Place of Business, No P.O. Box # 20011 Los Leones Dr	3. Mailing Address 20011 Los Leones Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami FL	City & State Miami FL
Zip 33015	Country U. Dade
Zip 33015	Country U. Dade

REINSTATEMENT

06-07

6. Name and Address of Current Registered Agent

**RAEZ, GAUDELIO
51 W 34TH STREET
HIALEAH, FL 33012**

4. FEI Number Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable)
20011 Los Leones Dr

City **MIAMI** FL Zip Code **33015**

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: DATE: **7/13/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD RAEZ, GAUDELIO 51 W 34TH STREET HIALEAH, FL 33012	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 20011 Los Leones Dr M. FL 33015 (ADDRESS ONLY)
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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: DATE: **7/13/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #