

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000157036

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



FILE

07 JUL 16 AM 10:39

CREATED BY  
TALLAHASSEE, FLORIDA

Principal Place of Business

51 W 34TH STREET  
HIALEAH, FL 33012

Mailing Address

51 W 34TH STREET  
HIALEAH, FL 33012

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

4. FEI Number

Applied For

Not Applicable

Zip

33015

Country

U. Dade

Zip

33015

Country

U. Dade

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/13/07

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

TITLE PD  
NAME RAEZ, GAUDELIO  
STREET ADDRESS 51 W 34TH STREET  
CITY-ST-ZIP HIALEAH, FL 33012 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE 20011 los leones Dr ☒ Change ☐ Addition  
NAME  
STREET ADDRESS M. FL 33015  
CITY-ST-ZIP (ADDRESS ONLY)

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

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

TITLE  
NAME  
STREET ADDRESS  
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 #

7/13/07

re 7/13/07