

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 OCT -4 AM 5: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000117926 1. Entity Name JERRY & JC ENTERPRISES, INC.	
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Principal Place of Business 955 NW 3 AVE BAY 11 & 12 FLORIDA CITY, FL 33034	Mailing Address 955 NW 3 AVE BAY 11 & 12 FLORIDA CITY, FL 33034
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2. Principal Place of Business - No P.O. Box # 19100 SW 106 AVE BAY 16 MIAMI FL	3. Mailing Address 19100 SW 106 AVE BAY 16 MIAMI FL
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09252007 REIN-P CR2E098 (1/07)

4. FEI Number 20-5542627	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Name and Address of Current Registered Agent ROCHA, JOAO C 955 NW 3 AVE FLORIDA CITY, FL 33034
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 19100 SW 106 AVE BAY 16 City MIAMI FL Zip Code 33157	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: **09/25/07**

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

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$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																
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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: **09/25/07** (305) 971-6344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR