

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000117926

1. Entity Name
JERRY & JC ENTERPRISES, INC.



FILED

07 OCT -4 AM 5:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

2. Principal Place of Business - No P.O. Box #
19100 SW 106 AVE

3. Mailing Address
19100 SW 106 AVE

Suite, Apt. #, etc.
BAY 16

Suite, Apt. #, etc.
BAY 16

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33157

Zip
33157

09252007 REIN-P CR2E098 (1/07)

4. FEI Number
20-5542627

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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
(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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ROCHA, JOAO C 955 NW 3 AVE., BAY 11 & 12 FLORIDA CITY, FL 33034	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DUBON, GERARDO J 955 NW 3 AVE., BAY 11 & 12 FLORIDA CITY, FL 33034	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROCHA, JOAO C 19100 SW 106 AVE BAY 16 MIAMI FL 33157	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	19100 SW 106 AVE BAY 16 MIAMI FL 33157	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DUBON, JIMMY 19100 SW 106 AVE BAY 16 MIAMI FL 33157	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300110993113 10/19/07--01007--023 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

SIGNATURE: _____ DATE 09/25/07 (305) 971-6344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR