## 2007 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT							7	FILED				
DOCUMENT # P06000145131									1 1 1 1	marke St.		
1. Entity Name J.B.V.G. ENTERPRISES, INC							)		01 OCT -2			
Principal Place of Business				Mailing Address			SECRETARY OF STATE TALLAHASSEE, FLORID					
5802 N ARMENIA AVE SUITE A				5802 N ARMENIA AVE SUITE A			TALLAHASSEE, FLURIUM					
TAMPA, FL 33603 US				TAMPA, FL 33603 US				FEILE BUIL GEML GEML GEM	N NAME AND		I	
2. Principal Place of Business - No P.O. Box #				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.			09262007	REIN-P	CR2E098 (1	/07)		
City & State				City & State			4. FEI Number 20		67	<del></del>	lied For Applicable	
Zip	Country			Zip Count		ntry	5. Certificate of Status Desired S8.75 Additional Fee Required					
5. Name and Address of Current				- <del> </del>			7. Name and Address of New Registered Agent					
VALLEJO.	JOSE B				Name							
5802 N ARMENIA AVE						Street Address (P.O. Box Number is Not Acceptable)						
SUITE A TAMPA, FL 33603												
						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 the if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE												
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.						т-	ADDITIONS,	CHANGES TO OFFI	CERS AND DIREC	TORS	IN 11	
TITLE NAME	P VALLEJO,	JOSE B		☐ Delete	TITLI NAM	ı			□ Ch	•	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	1	MENIA AVE				EET ADDRESS '-ST-ZIP	10/0;	3 <b>0110</b> 2/0701039	18247 }006 **	2 :150	.00	
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TITLE	<u> </u>		<u>-</u>	☐ Delete	TITL	1			☐ Ch	ange	Addition	
NAME STREET ADDRESS					NAM STRI	EET ADDRESS						
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TITLE NAME				☐ Delete	TITE				☐ Ch	ange	☐ Addition	
STREET ADDRESS					STRI	EET ADDRESS						
CITY-ST-ZIP	cartify that the	information supplier	d with this t	filing does not qualify to	or the exi	-ST-ZIP emotions contains	ad in Chapter 119	Florida Statutes I	further certify that	the info	ormation	
12. I hereby certify that the information supplied with this filling 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, Porida 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.												
76784												
SIGNAT	ΓURE: _`	SIGNATURE AND TYPE	OR PRINTE	LLE 10 D NAME OF SIGNING OFFICER	OR DIREC	TOR		9-25-07 Date	Daytime Ph	one #		

