

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF REVENUE  
B. Secretary  
DIVISION OF CORPORATIONS

FILED

96 DEC 12 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000083751

1. Corporation Name

A&Y ENTERPRISES, INC.

Principal Place of Business

~~XXXXXX~~  
~~XXXXXX~~  
~~XXXXXX~~

Mailing Address

175 W. SR-434  
WINTER SPRINGS FL 32708

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.  
175 W. SR-434

City & State

Winter Springs, FL 32708

Zip

32708

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/25/1995

5. FEI Number

59-3345808

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres.	Angel L. Mendez	1262 Marina Point #304	Casselberry, FL 32707
Trea.	Yolande R. Mendez	1262 Marina Point #304	Casselberry, FL 32707
Sec.			

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\*\*\*\*225.00 \*\*\*\*225.00

8. Name and Address of Current Registered Agent

MELENZ, ANGEL L  
504 LAKE BRIDGE LANE  
#1583  
ORANGE COUNTY FL 32703

9. Name and Address of New Registered Agent

Name

Angel L. Mendez

Street Address (P.O. Box Number is Not Acceptable)

1262 Marina Point

Suite, Apt. #, Etc.

#304

City

Casselberry

State

FL

Zip Code

32707

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Angel L. Mendez*

REGISTERED AGENT MUST SIGN

Date

12-8-96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Angel L. Mendez* ANGEL L. MENDEZ  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-8-96

Date

407 623-1095

Daytime Phone #

CR2E040 (7/96)