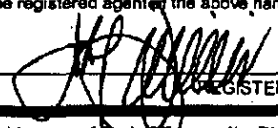
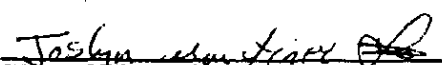


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000053900			
1. Corporation Name JZG ENTERPRISES, INC.			
2. Principal Office Address 740 E 16TH PLACE Suite, Apt. #, etc.		3. Mailing Office Address 770 PONCE DE LEON BLVD Suite, Apt. #, etc. SUITE 210	
City & State HIALEAH FL		City & State CORAL GABLES FL	
Zip 33010	Country USA	Zip 33134	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 06/18/1997			
5. FEI Number 65-0887702		Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>SEE ADDITIONAL FEES REQUIRED FOR A CERTIFICATE OF STATUS</small>			
7. Name and Address of Current Registered Agent			
Name JOHNNY TSIMOGIANNIS			
Street Address (P.O. Box Number is Not Acceptable) 770 PONCE DE LEON BLVD.			
Suite, Apt. #, Etc. SUITE 210			
City CORAL GABLES		State FL	Zip Code 33134
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.			
Signature of Registered Agent 		Date 11/07/2000	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPVTS	JOSLYN MARTINEZ	740 E 16TH PLACE	HIALEAH, FL 33010
10. 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: 		Date 11/07/2000	Daytime Phone # 305-863-3111
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

REINSTATEMENT

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DIVISION
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Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850) 922-4004

From:

Account Name : JOHNNY TSIMOGIANNIS
Account Number : I19990000261
Phone : (305) 444-2445
Fax Number : (305) 444-2446

CORPORATION REINSTATEMENT

JZG ENTERPRISES, INC.

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