
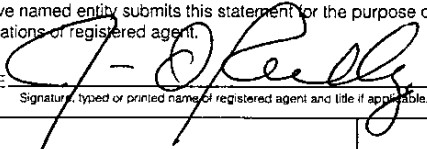
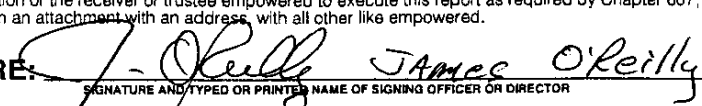


2005 FOR PROFIT CORPORATION REINSTATEMENT

04-05 Re
FILED
05 AUG 11 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000036221					
1. Entity Name J & M FAITH ENTERPRISES INCORPORATED					
Principal Place of Business PMB 308 13170 ATLANTIC BLVD SUITE 58 JACKSONVILLE, FL 32225 US			Mailing Address PMB 308 13170 ATLANTIC BLVD SUITE 58 JACKSONVILLE, FL 32225 US		
2. Principal Place of Business 9280 SW 55TH STREET Suite, Apt. #, etc.		3. Mailing Address 9280 SW 55TH STREET Suite, Apt. #, etc.			
City & State COOPER CITY, FL		City & State COOPER CITY, FL		4. FEI Number 59-3505845	
Zip 33328		Country USA		Applied For Not Applicable	
Zip 33328		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent O'REILLY, JAMES R PMB 308 13170 ATLANTIC BLVD STE 58 JACKSONVILLE, FL 32225			7. Name and Address of New Registered Agent Name O'REILLY, JAMES R. Street Address (P.O. Box Number is Not Acceptable) 9280 SW 55TH STREET COOPER CITY City FL Zip Code 33328		
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:  (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'REILLY, JAMES R PMB 308 13170 ATLANTIC BLVD STE 58 JACKSONVILLE, FL 32225	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O'REILLY, JAMES R. 9280 SW 55TH STREET COOPER CITY, FL 33328	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'REILLY, MARTHA A PMB 308 13170 ATLANTIC BLVD STE 58 JACKSONVILLE, FL 32225	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O'REILLY, MARTHA A. 9280 SW 55TH STREET COOPER CITY, FL 33328	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200058489062 08/11/05--01061--004 ***900.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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 exemption stated in Section 119.07(3)(i), 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:  JAMES O'REILLY				Date: 8/9/05 954 Daytime Phone #: 252 9153	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					