


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P99000016449**

1. Entity Name  
**JIMENEZ AND ASSOCIATES ENTERPRISES CORP.**



05 JUL -6 AM 9:00

Principal Place of Business      Mailing Address

**414 NW 13TH STREET  
HOMESTEAD, FL 33030**      **414 NW 13TH STREET  
HOMESTEAD, FL 33030**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



REINSTATEMENT

6/2/2005 REINSTATEMENT CR2E098 (6/04) 01-05

6. Name and Address of Current Registered Agent

**JIMENEZ, FRANCISCO J  
414 NW 13TH STREET  
HOMESTEAD, FL 33030**

4. FEI Number      Applied For

**65-0900742**       Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P O Box Number is Not Acceptable)

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: Francisco J Jimenez      DATE: 6-3-05

Signature typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$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	PD <input type="checkbox"/> Delete
NAME	JIMENEZ, FRANCISCO J
STREET ADDRESS	414 NW 13TH STREET
CITY - ST - ZIP	HOMESTEAD, FL 33030
TITLE	VD <input type="checkbox"/> Delete
NAME	JIMENEZ, MARIA E
STREET ADDRESS	414 NW 13TH STREET
CITY - ST - ZIP	HOMESTEAD, FL 33030
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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: Francisco J Jimenez      DATE: 6-03-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      DATE      Duplicate Please #

B