

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P99000016897**

1. Entity Name  
JOXIKE ENTERPRISES, INC.



Principal Place of Business  
6011 W. 16TH AVE.  
HIALEAH, FL 33012

Mailing Address  
6011 W. 16TH AVE.  
HIALEAH, FL 33012

2. Principal Place of Business  
6011 W 16th

3. Mailing Address  
6011 W 16th

City & State  
Hialeah, FL

City & State  
Hialeah, FL

6. Name and Address of Current Registered Agent  
ENDARA, XIOMARA G  
9600 NW 26TH STREET  
36  
MIAMI, FL 33172

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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2006, 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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ENDARA, XIOMARA G 9600 N.W. 25 ST., STE. 3C MIAMI, FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300060819489 10/20/05--01037--009 **150.00
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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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/05 Date Daytime Phone #

FILED  
05 OCT 20 PM 8:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 2005

# Joxike Enterprises, Inc.

2 of 2

SEP 8, 2005

via Fedex

Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: Joxike Enterprises, Inc.**  
**Federal Tax ID#: 65-0996218.**

To Whom It May Concern:

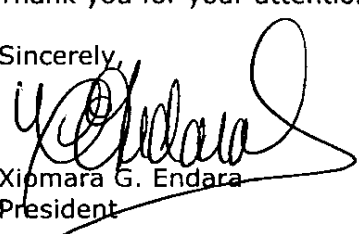
Please be advised that I moved and never received the renewal for the above-mentioned corporation. Although I sent a change of address and the new address appears I still did not receive the renewal for 2005.

Therefore, enclosed please check the amount of \$150.00 for the renewal of 2005.

Please forgive any inconvenience this may have caused. Should you have any questions, please feel free to contact the undersigned.

Thank you for your attention towards this matter.

Sincerely,

  
Xiomara G. Endara  
President