REINSTATEMENT

(UBR)

003691 AV

DOCUMENT # S26347

1. Entity Name

JOSE LEAL ENTERPRISES, INC.

FILED

04 MAR 30 AM 10: 12

SECRETARY OF STATE

Principal Place of Business	Mailing Address
715 W. 20 STREET	% IVAN A. GOMEZ ESQ.
HIALEAH FL 33010	601 BRICKELL KEY DR.. SUITE 507
US	MIAMI FL 33131

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

REINSTATEMENT 03-04 ☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0238396 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VERDE, SOLANJEL ESQ	Name: IAG Corporate Services, Inc.
6011 WEST 16TH AVE	Street Address (P.O. Box Number is Not Acceptable): 601 Brickell Key Drive
HIALEAH FL 33012	Suite 507
	City: Miami FL Zip Code: 33131

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.

IAG CORPORATE SERVICES, INC.

SIGNATURE BY: [signature], Pres DATE 7/10/03

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

IVAN A. GOMEZ, PRESIDENT

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LEAL, JOSE		NAME		
STREET ADDRESS	16861 NW 79TH PL		STREET ADDRESS	200031368822	
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	03/30/04--01012--032 **908.75	
TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LEAL, NIDIA		NAME		
STREET ADDRESS	16861 NW 79TH PL		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (4/03)

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 REQUIRED [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Jose Leal President