


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P93000031148 1. Entity Name J.E. & SONS INC.	
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FILED
07 OCT 23 PM 12: 44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 4395 WEST 16TH AVENUE HIALEAH, FL 33012	Mailing Address 4395 WEST 16TH AVENUE HIALEAH, FL 33012
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0404911	Applied For Not Applicable
Zip	Country	Zip	Country

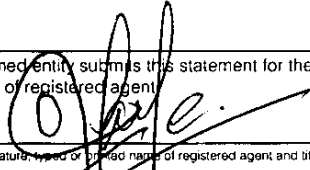


REINSTATEMENT 10/18/07 057

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

6. Name and Address of Current Registered Agent FONSECA, JOSE C 7955 NW 12 ST STE 400 MIAMI, FL 33126	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: **10/18/07**

FILE NOW!! FEE IS \$150.00
After January 1, 2008, 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		<input type="checkbox"/> Delete
TITLE	PSD	<input type="checkbox"/> Delete
NAME	FONSECA, JOSE C	
STREET ADDRESS	18121 SW 149 CT	
CITY-ST-ZIP	MIAMI, FL 33187	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	FONSECA, EBERTINA	
STREET ADDRESS	18121 SW 149 CT	
CITY-ST-ZIP	MIAMI, FL 33187	
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		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS	400111207934		
CITY-ST-ZIP	10/23/07--01035--008 **150.00		
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 exemptions contained in Chapter 119, 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 my address, with all other like empowered.

SIGNATURE:  DATE: **10/18/07**

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