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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: JUSTINE PAIGE USA INC
(Name of Corporation)
DOCUMENT NUMBER: FO800000 32/2
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
DEVINA SARAFF
(Name of Person)
TIZETTALE PATONE 120A TALO
JUSTINE PAJOSE USA INC. (Firm/Company)
178-36 WEXFORD TERRALE SUITE 3H (Address)
JAMAICA ESTATES, NY 11432 (City/State and Zip code)
(City/State and Zip code)
For further information concerning this matter, please call:
K & MEHTA CPA #15/6)663- 5990
K M E H 7 A . C P A at (5/6) 663 - 5990 (Name of Person) (Area Code & Daytime Telephone Number)
MAILING ADDRESS: STREET ADDRESS:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

JUSTINE PAILSE (USA) INIC.
(Name of Corporation)
(Document Number of Corporation (if known)
STATE OF DELAWARE (Incorporated Under Laws of)
This corporation is no longer transacting business or conducting affairs within the State of Floraga and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.
The following is a current mailing address for the corporation:
178-36 WEXFORD TERRACE, SUITE 3H (Mailing Address)
JAMAILA ESTATES NY 11432 (City/State/Zip)
The corporation agrees to notify the Department of State in the future of any change in its mailing address.
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) (Date)
Typed or printed name of person signing) DEVIND SARAFF PRESIDENT

FILING FEE \$35