PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State Division of Corporations | 06 FEB 27 AM 11: 52 |
|--|---|
| DOCUMENT # # 88895 1. Corporation Name | SEL, TALL::::::::::::::::::::::::::::::::::: |
| JAMRAL INDUSTRIES, INC. | 800068110558 03/20/0601025009 **1358.75 |
| 2. Principal Office Address 55 NE > 57 3. Malling Office Address 55 NE > 57 | CR2E081 (12/05) 02-06 |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | 4. Date Incorporated or Qualified To Do Business in Florida |
| City & State Zip | 5. FEI Number Applied For Not Applicable |
| カカリカン Country Expansion Southly | CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status |
| 7. Name and Address of Current Registered Agent | |
| Name DANIEL CROMEN | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| | |
| Suite, Apt. #, Etc. | |
| City Miani | State Zip Code FL クカノケレ |
| 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN | |
| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at le | ast 3 directors) |
| Titles Name of Street Address of Each Officers and/or Directors Officer and/or Directors | |
| PO DAVIEL (ROMER STIVE) ST STD MARILYN (ROMER STIVE) ST | Mismi E sus |
| STO MARILYN CROMER ST NED ST | Migni, E sus |
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| 10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | |