

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV -1 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000069838

1. Corporation Name

JTS LIMITED INC.

Principal Place of Business

5786 SUNSET DRIVE
SOUTH MIAMI FL

Mailing Address

5786 SUNSET DRIVE
SOUTH MIAMI FL 33143



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/16/2001

5. FEI Number

65-1124856

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	MENKIN, STEVEN G	5786 SUNSET DRIVE	SOUTH MIAMI FL 33143
V	RUIZ DE CASTILLA, TERRY M	5786 SUNSET DRIVE	SOUTH MIAMI FL 33143

200008753262
11/01/02--01029--016 **150.00

8. Name and Address of Current Registered Agent

MENKIN, STEVEN G
5786 SUNSET DRIVE
SOUTH MIAMI FL 33143

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/28/02

11. 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 under section 119.07(3)(i), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/28/02

CR2E040 (8/02)

Only Hearts
5788 Sunset Dr.
South Miami Fl. 33143

October 28, 2002

Dear People,

Enclosed is our Application for Reinstatement for Only Hearts Document # P01000069838. and our fee for \$150.

We kindly request that the reinstatement fee be waived in this case. We are a new business and were not aware until we received this dissolution notice that an annual report was due. This may be partly due to the fact that the original address given to us was 5786 Sunset Dr. and later changed to 5788 Sunset Dr. I have had some problems with this change of address-with vendors as well.

Thank you for your consideration of our request.

Sincerely,



Steven G. Menkin

President

Only Hearts

5788 Sunset Dr.

So. Miami Fl. 33143