

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN 13 AM 8:33

DOCUMENT # PD2000043414

1. Corporation Name

JADE STAR ROSE Corp.

2. Principal Office Address

4608

3. Mailing Office Address

Same

Subsequent to etc.

WINDWARD COVE LANE

Suite, Apt. #, etc.

City & State

WELLINGTON FL.

City & State

Zip

33467

Country

Palm Beach

Zip

Country

REINSTATEMENT

03-04

4. Date Incorporated or Qualified To Do Business in Florida

4-10-02

5. FEI Number

Tax ID 11-3649200

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

SM.25 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CANDY SGALIARDICH

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

4608

Suite, Apt. #, Etc.

WINDWARD COVE LANE

City

WELLINGTON

State

FL

Zip Code

33467

900027372043
01/21/04--01101--003 *\$300.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 817.0509 or 817.0503, F.S.

Signature of Registered Agent

Candy Sgaliardich

REGISTERED AGENT MUST SIGN

Date 01-07-04

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	CANDY SGALIARDICH	4608 WINDWARD COVE LN.	Wellington FL 33467
✓	JAMES SGALIARDICH	4608 WINDWARD COVE LN.	Wellington FL 33467

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 617 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)(X), 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

Candy Sgaliardich

1/7/03

Date

561 793 0944

Daytime Phone #

11/3/04