2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000112194 1. Entity Name JOSAN, INC.				SECRETARY OF STATE DIVISION OF CORPORATIONS
Principal Plac	e of Business	Mailing Address		04 OCT 22 PM 3: 56
Principal Place of Business 17958 SW 154TH COURT		17958 SW 154TH COURT		
MIAMI, FL 33187 MIAMI, FL 33187		Ci .		
2. Principal Place of Business		3. Mailing Address		
·				\$ \$\bullet\$ \$\
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10202004 REIN-P CR2E098 (6/04)
City & State		City & State		4. FEI Number Applied For Not Applied For Not Applicable
Zìp	Country	Zip	Country	5. Certificate of Status Desired Service Servi
Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
JORGE, MUELA				
17958 SW 154TH COURT MIAMI, FL 33187		Street Addre	ss (P.O. Box Number is Not Acceptable)	
			City	FL Zip Code
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 obligat	tions of registered agent.	i I		
SIGNATURE 10:20:04				
	Signature, typed or printed name of registered age	nt and title it applicable. (NOTE	E: Registered Agent signature	equired when reinstating) DATE
1	LE NOW!!! FEE IS \$150.00 nuary 1, 2005, 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 AN	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MUELA, JORGE		NAME	400042101144 10/22/0401030008 **150.00
STREET ADDRESS	17958 SW 154TH COURT MIAMI, FL 33187		STREET ADDRESS CITY-ST-ZIP	10/22/0401030008 **150.00
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MUELA, SUSANA	L DOIGE	NAME	
STREET ADDRESS	17958 SW 154TH COURT		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33187		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS	·		- STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			HAME STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
I OTOCCT (BOOCEO			STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS				
CITY-ST-ZIP		□ Delete	1111 h	☐ Chande ☐ Addition
		☐ Deicts	TITLE NAME	☐ Change ☐ Addition
CITY-ST-ZIP TITLE		☐ Delete	NAME STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		NAME STREET ADDRESS CITY-ST-ZIP	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby indicated	d on this report or supplemental repor	ith this filing does not qualify for t is true and accurate and that n	NAME STREET ADDRESS CITY-ST-ZIP If the exemption stated in the signature shall have	n Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby indicate of the co	d on this report or supplemental repor	ith this filing does not qualify for t is true and accurate and that n powered to execute this report	NAME STREET ADDRESS CITY-ST-ZIP The exemption stated in y signature shall have as required by Chapter	n Section 119.07(3)(i), Florida Statutes. I further certify that the information
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby indicate of the co	d on this report or supplemental repor irporation or the receiver or trustee en t, or on an attachment with an addres:	ith this filing does not qualify for t is true and accurate and that n powered to execute this report	NAME STREET ADDRESS CITY-ST-ZIP The exemption stated in y signature shall have as required by Chapter	n Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director