

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED  
DIVISION OF CORPORATIONS

10 JUN 28 PM 3:34

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F05000006386

1. Corporation Name

JASH INTERNATIONAL INC.

2. Principal Office Address - No P.O. Box #

105 PRAIRIE LAKE ROAD

3. Mailing Office Address

105 PRAIRIE LAKE ROAD

Suite, Apt. #, etc.

A

Suite, Apt. #, etc.

A

City & State

EAST DUNDEE, ILLINOIS

City & State

EAST DUNDEE, ILLINOIS

Zip

60118

Country

USA

Zip

60118

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/02/2005

5. FEI Number

364262462

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

INCORP SERVICES, INC.

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

17888 67TH COURT NORTH

Suite, Apt. #, Etc.

City

LOXAHATCHEE

State

FL

Zip Code

33470

REINSTATEMENT

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

Date

6-16-10

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	DEEPTI SHAH	6 DOVE COURT	SOUTH BARRINGTON, IL 60010
T	DEEPTI SHAH	6 DOVE COURT	SOUTH BARRINGTON, IL 60010
S	DEEPTI SHAH	6 DOVE COURT	SOUTH BARRINGTON, IL 60010
V	DEEPTI SHAH	6 DOVE COURT	SOUTH BARRINGTON, IL 60010
M	HITEN SHAH	6 DOVE COURT	SOUTH BARRINGTON, IL 60010

10. E-mail Address: JASHINTERNATION@AOL.COM

(To be used for future annual report notification)

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. I further certify, 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: X

Deepti Shah

DEEPTI SHAH

06/10/2010

847-836-5009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #