FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 AUG 25 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

300022555003
08/25/03--01100--016 **550.00

DOCUMENT # F95000000556

1. Corporation Name
JORDAN International Enterprises LTD., INC.

2. Principal Office Address	3. Mailing Office Address
563 Sawgrass Corp PKWY	563 Sawgrass Corp PKWY
Suite, Apt. #, etc.	Suite, Apt. #, etc. So
City & State: Sunrise, FL	City & State: Sunrise, FL
Zip: 33325 Country: USA	Zip: 33325 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 02/01/1995

5. FEI Number: 65-0551231 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required for Certificate of Status

7. Name and Address of Current Registered Agent

Name: Scott P. Sachs

Street Address (P.O. Box Number is Not Acceptable): 563 Sawgrass Corp. PKWY.

Suite, Apt. #, Etc.:

City: Sunrise State: FL Zip Code: 33325

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

Signature of Registered Agent: Scott P. Sachs Date: 8/20/03

REGISTERED AGENT MUST SIGN

CR2E061 (10/02)

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Scott P. Sachs	563 SAWRASS CORP PKY	SUNRISE, FL 33325

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 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: Scott P. Sachs Scott P. Sachs President 8/20/03 (530) 750-3749

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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