

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 OCT 24 PM 3:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F98000006075

1. Corporation Name

JUPITER RESOURCE

2. Principal Office Address

9687 S 35 STREET

Suite, Apt. #, etc.

N/A

City & State

LAKEWORTH FL.

Zip

33467

Country

U.S.A

3. Mailing Office Address

9687 S 35 STREET

Suite, Apt. #, etc.

N/A

City & State

LAKEWORTH FL

Zip

33467

Country

U.S.A

4. Date Incorporated or Qualified  
To Do Business in Florida

11/02/98

5. FEI Number

52-2019749

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

JEAN MALEK

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

1137 ISLAND SHORES

Suite, Apt. #, Etc.

GREENACRES

City

WEST PALM BEACH

State

FL

Zip Code

33414

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

JEAN MALEK

REGISTERED AGENT MUST SIGN

Date

10.22.02

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
CP	MELONI, FRANCESCA	9687 S 35 STREET?	LAKEWORTH FL 33467
CV	MALEK, RASA A	9687 S 35 STREET	LAKEWORTH 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2081 (9/01)

# RAISING DUST STABLES

9687 South 35<sup>th</sup> Street  
Lake Worth, FL 33467  
Tel: (561) 635-0758  
Fax: (561) 798-0533  
Email: RaisingDust@msn.com

Florida Department of State  
Division of Corporation  
409 East Gaines Street  
Tallahassee FL 32399

To Whom It May Concern

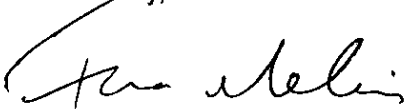
REF: Jupiter Resources Inc.  
Document # F98000006075

It has recently come to our attention that the above referenced corporation has not filed an annual report since 1999. This incident occurred due to the fact that we had moved that particular year, and had not received any renewal notices in the mail. We had assumed that our accountant, who is the registered agent of record, had been filing all necessary documents on behalf of the company, but have discovered that he had failed to do so, among other responsibilities. We have now made a change accordingly, and hereby kindly ask that you consider waiving the \$600.00 reinstatement fee be waived in order to reinstate our company back to a current status.

We hereby enclose \$450.00 payment to cover the three years at \$150/year and look forward to your being reinstated accordingly.

Thank you for your kind and prompt attention to this matter.

Sincerely,



For: Jupiter Resources, Inc.  
Francesca Meloni