

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

96 DEC 31 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J46609
1 Corporation Name
JESSLIND CORP.

Principal Place of Business Mailing Address
6655 ROXBURY LANE
MIAMI BEACH, FL 33141

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable		3. New Mailing Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida 12/11/86	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2754894	
City & State		City & State		Applied For Not Applicable	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for Certificate of Status	

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

1 Titles	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	ROTHMAN, ARNOLD F.	939 Arthur Godfrey Rd.	Miami Beach, FL 33140
SD	ROTHMAN, MERIL S.	939 Arthur Godfrey Rd.	Miami Beach, FL 33140
M	SHERMAN, MARCIE	939 Arthur Godfrey Rd.	Miami Beach FL 33140
			600002044746--6 01/03/97 01110 000 ***1175.00 ***1175.00
			REINSTATEMENT 1996

8. Name and Address of Current Registered Agent ARNOLD F. ROTHMAN 939 Arthur Godfrey Road Miami Beach, FL 33140		9. Name and Address of New Registered Agent Name: <i>A. Rothman</i> Street Address (P.O. Box Number is Not Acceptable): <i>12/31/96</i> Suite, Apt. #, Etc.: City: State: Zip Code: FL	
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent: *[Signature]* Date: *12/27/96*
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. 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]* Date: *12/27/96* Daytime Phone #: *305-534-2002*