

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 23 PM 2: 01

DOCUMENT # J81296

1. Corporation Name

JASMINE ENTERPRISES, INC.

Principal Place of Business

2688 NORTH MILITARY TRAIL
W. PALM BEACH FL 33409
US

Mailing Address

5440 N OCEAN DR
UNIT 206
SINGER ISLAND FL 33404
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

00

4. Date Incorporated or Qualified
To Do Business in Florida

07/07/1987

5. FEI Number

59-2823309

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
R	RUESCH, JOHN R Delete	5440 N OCEAN DR #206	SINGER ISLAND FL 33404
R P	RUESCH, LORETTA M	5440 N OCEAN DR #206	SINGER ISLAND FL 33404
			700003464847--0 -11/15/00--01100--013 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

~~RUESCH, JOHN R.
5440 N OCEAN DR
206
SINGER ISLAND FL 33404~~

DELETE

9. Name and Address of New Registered Agent

Name

ORRIN R. BEILLY

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

105 S. NARCISSUS AVE.

Suite, Apt. #, Etc.

705

City

W. P.B.

State

FL

Zip Code

33401

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]
REGISTERED AGENT MUST SIGN

Date

10/19/2000

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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/00

Date

561-684-5522

Daytime Phone #