

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 AUG -7 AM 8:00

DOCUMENT # L05691

1. Corporation Name

Jen-Ash INC
4048 SW 5th St
Plant. FL 33314-4014

2. Principal Office Address

4048 SW 5th St

3. Mailing Office Address

4048 SW 5th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plant. FL

City & State

Plant. FL

Zip

33317

Country

Barbados

Zip

33317

Country

Barbados

4. Date Incorporated or Qualified
To Do Business in Florida

July 27, 1999 MRI

5. FEI Number

65-0176575

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 98-03

7. Name and Address of Current Registered Agent

Name

GARY R. Langley

000022131890

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

4048 SW 5th St

08/07/03--01053--006

** 508.75

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33317

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

GARY R. Langley

REGISTERED AGENT MUST SIGN

Date

4/10/03

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
Pres.	GARY R. Langley	4048 SW 5th St	Plantation FL
V. Pres.	Pamela C. Langley	4048 SW 5th	Plantation FL 33317

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: GARY R. Langley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY R. LANGLEY

Date

954-791 3347

954-6739632

Daytime Phone #

CR2E081 (10/02)