

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

02 JAN -7 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900004883149--0

-02/06/02--01045--014

****150.00 ****150.00

900004883149--0

-02/06/02--01045--015

****750.00 ****750.00

DOCUMENT # P00000000208

1. Corporation Name

J.I.M. INTERNATIONAL CORPORATION

2. Principal Office Address

P.O. BOX 14563

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FLORIDA

City & State

Zip

33733

Country

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

01-03-00

5. FEI Number

59-3621863

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-02

7. Name and Address of Current Registered Agent

Name

JIRI MALY

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

~~P.O. BOX 14563~~ 4255 73RD AVENUE NORTH

Suite, Apt. #, Etc.

City

~~ST. PETERSBURG~~ PINELLAS PARK

State

FL

Zip Code

33733 33781

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

REGISTERED AGENT MUST SIGN

Date 10.22.2001

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.	JIRI MALY	P.O. BOX 14563	ST. PETERSBURG, FL 33733

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)(l), 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 #

10.22.2001

CR2E081 (9/00)