PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
02 OCT 10 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # P00000026741

1. Corporation Name

JETPC.COM INC.

2. Principal Office Address	3. Mailing Office Address
9000 W. SHERIDAN ST	
Suite, Apt. #, etc. #144	Suite, Apt. #, etc.
City & State PEMBROKE PINES, FL	City & State
Zip 33024 Country USA	Zip Country

02

4. Date Incorporated or Qualified To Do Business in Florida 03/30/00

5. FEI Number 65-0991359 ☐ 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: ALICIA WAITE

Street Address (P.O. Box Number is Not Acceptable): 9000 W. SHERIDAN ST

200006707802
10/31/02--01002--001 **50.00

Suite, Apt. #, Etc.: 144

City: PEMBROKE PINES, State: FL Zip Code: 33024

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 A. Waite A. Waite Date 10/08/02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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. SEC.	ALICIA WAITE	9000 W. SHERIDAN ST.	
		SUITE #144	
		PEMBROKE PINES, FL 33024	

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: A. Waite 10/08/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #