

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 26 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
800009213488
11/25/02--01092--005 **150.00

DOCUMENT # P00000043424

1. Corporation Name

JASA EXPORT, INC.

Principal Place of Business

Mailing Address

~~7160 N.W. 45 COURT~~
~~LAUDERHILL FL 33310~~

~~7160 N.W. 45 COURT~~
~~LAUDERHILL FL 33310~~

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

2. New Principal Office Address, If Applicable

~~7840 NW 50TH ST.~~

3. New Mailing Office Address, If Applicable

~~7840 NW 50TH STREET~~

Suite, Apt. #, etc.

#209

Suite, Apt. #, etc.

#209

City & State

~~LAUDERHILL FL~~

City & State

~~LAUDERHILL, FL~~

Zip

~~33351~~

Country

~~BROWARD~~

Zip

~~33351~~

Country

~~BROWARD~~

4. Date Incorporated or Qualified
To Do Business in Florida

04/28/2000

5. FEI Number

65-1006283

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
D	SHAND, STEVE	7160 N.W. 45 COURT 7840 NW 50TH ST. #209	LAUDERHILL FL 33310 33351
D	SHAND, JEFFREY	7160 N.W. 45 COURT 7840 NW 50TH ST. #209	LAUDERHILL FL 33310 33351

8. Name and Address of Current Registered Agent

SHAND, STEVE

~~7160 N.W. 45 COURT~~

~~LAUDERHILL FL 33310~~

9. Name and Address of New Registered Agent

Name

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

~~7840 NW 50TH STREET~~

Suite, Apt. #, Etc.

#209

City

~~LAUDERHILL~~

State

~~FL~~

Zip Code

~~33351~~

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. or 617.0505, F.S.

Signature of
Registered Agent

~~SIGNATURE REQUIRED~~

REGISTERED AGENT MUST SIGN

Date

~~11/6/02~~

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 REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

~~11/06/02 954-741-5815~~

CR2E040 (8/02)

Steve Shand
7840 NW 50th Street
Suite #209
Lauderhill, FL 33351

November 6, 2002

Department of State
Division of Corporation
409 East Gaine Street
Tallahassee, FL 32399

Re: Jasa Export, Inc - #P00000043424

Dear Sir/Madam

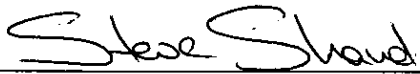
This letter is a response to your request.

I did not receive the prior mailings of the corporation
Uniform Business Reports.

Please note the change of address.

I have enclosed a check for \$150.00 per your instructions.

Sincerely


Steve Shand, President