

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

192

FILED

04 FEB 10 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000055883

1. Corporation Name

JANTESA INC.

600029383836
02/25/04--01015--027 **458.75

REINSTATEMENT

02-04
MRB

2. Principal Office Address

2655 LE JUNE RD

Suite, Apt. #, etc.

507

City & State

CORAL GABLES, FL

Zip
33134

Country

USA

3. Mailing Office Address

2655 LE JUNE RD

Suite, Apt. #, etc.

507

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

4. Date incorporated or Qualified
To Do Business in Florida

06/09/2000

5. FEI Number

651013949

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name

JUAN URDANEITA

(Street Address, P.O. Box Number is Not Applicable)

2655 LE JUNE ROAD

Suite, Apt. #, etc.

507

City

CORAL GABLES, FL

State

FL

Zip

33134

8. I, being appointed the registered agent of the above named corporation, do hereby accept the obligations of section 607.0505 or 617.0501, F.S.

Signature of
Registered Agent

X [Signature]

REGISTERED AGENT MUST SIGN

2/3/04

Date 305-7281319

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
D	CALVO, ANTONIO	2655 LE JUNE RD #507	CORAL GABLES, FL 33134
D	RODRIGUEZ, CARLOS	2655 LE JUNE RD #507	CORAL GABLES, FL 33134
D	AYOUB, GAMAL	2655 LE JUNE RD #507	CORAL GABLES, FL 33134

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(2)(b), 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

2/3/04 305-7281319

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Coral Gables, Florida

February 3, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

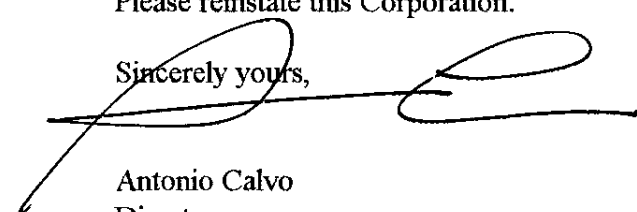
Re: JANTESA INC.

Dear Sirs:

Please be advised that we did not received our annual report for the years 2002 and 2003.

Please reinstate this Corporation.

Sincerely yours,



Antonio Calvo
Director