1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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

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

REINSTATEMENT 02-04 MRD

1. Corporation Name

JANTESA INC.

2. Principal Office Address	3. Mailing Office Address
2655 LEJEUNE RD	2655 LEJEUNE RD
Suite, Apt. #, etc. 507	Suite, Apt. #, etc. 507
City & State CORAL GABLES, FL	City & State CORAL GABLES FL
Zip 33134 Country USA	Zip 33134 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 06/09/2000 Applied For / Not Applicable

5. FEI Number 651013949

6. CERTIFICATE OF STATUS DESIRED [ ]

7. Name and Address of Current Registered Agent

Name JUAN URDANETA

Street Address (P.O. Box Number is Not Acceptable) 2655 LE JEUNE ROAD

Suite, Apt. #, etc. 507

City CORAL GABLES FL

State FL Zip Code 33134.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0501, F.S.

Signature of Registered Agent X _____ 2/3/04 Date 305-7281319

REGISTERED AGENT MUST SIGN

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 LEJEUNE RD #507	CORAL GABLES FL 33134
D	RODRIGUEZ, CARLOS	2655 LEJEUNE RD #507	CORAL GABLES FL 33134
D	AYOUB, GAMAL	2655 LEJEUNE RD #507	CORAL GABLES FL 33134

10. I certify that I am an officer or director of 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: X _____ 2/3/04 305-7281319

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

782

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