

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 FEB -4 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 00000073676

1. Corporation Name J-DEEP, INC

2. Principal Office Address
625-S - Yonge st,

Suite, Apt. #, etc.

City & State
Ormond beach

Zip 32174 Country U.S.A

3. Mailing Office Address
625-S - Yonge st,

Suite, Apt. #, etc.

City & State
Ormond beach

Zip 32174 Country U.S.A

REINSTATEMENT 01-02

4. Date Incorporated or Qualified To Do Business in Florida Aug. 03. 2000

5. FEI Number 59-3665068 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 Spiegel & Utrera P.A.

Street Address (P.O. Box Number is Not Acceptable)
343 Armenia ave,

Suite, Apt. #, Etc.

City coral Gables,

State **FL** Zip Code 33134

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-02/26/02--01088-021
****908.75 ****08.75

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 [Signature] Date 01-28-01

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
PRESI	NAVIN CHANDRA. PATEL	625 - S - Yonge st,	Ormond beach. FL. 32174
T	" "	" "	" "
S	" "	" "	" "

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: N. A. Patel Date 02-01-02 Daytime Phone # 386-677-0770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)