

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000102870

Entity Name: JATIQUÉ OF INDIALANTIC, INC.

FILED  
Oct 13, 2005  
Secretary of State

**Current Principal Place of Business:**

216 TWELFTH TERRACE  
INDIALANTIC, FL 32903

**New Principal Place of Business:**

**Current Mailing Address:**

216 TWELFTH TERRACE  
INDIALANTIC, FL 32903

**New Mailing Address:**

FEI Number: 59-3523487

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MOHAMAD, SHARIFAH  
216 TWELFTH TERRACE  
INDIALANTIC, FL 32903 US

**Name and Address of New Registered Agent:**

MOHSEN, ALHADDAD  
216 TWELFTH TERRACE  
INDIALANTIC, FL 32903 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MOHSEN ALHADDAD

10/13/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MOHAMAD, SHARIFAH  
Address: 216 TWELFTH TERRACE  
City-St-Zip: INDIALANTIC, FL 32903

Title: O ( ) Delete  
Name: ALHADDAD, MOHSEN  
Address: 216 TWELFTH TERRACE  
City-St-Zip: INDIALANTIC, FL 32903

Title: O ( ) Delete  
Name: ALHADDAD, SHARIFF  
Address: 216 TWELFTH TERRACE  
City-St-Zip: INDIALANTIC, FL 32903

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MOHSEN ALHADDAD

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10/13/2005

Electronic Signature of Signing Officer or Director

Date