

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JUL -6 PM 2:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000107507

1. Corporation Name

JORCHARAN INT'L CO

2. Principal Office Address

5838 Collins Ave

Suite, Apt. #, etc.

14-D

City & State

MIAMI BEACH, FLORIDA

Zip

33140

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida 01/01/2001

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

09/02/03 90183 031 550,00  
06/10/04 01077 010 1500

**7. Name and Address of Current Registered Agent**

Name

JORGE CHAAR

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

5838 COLLINS AVE

Suite, Apt. #, Etc.

14-D

City

MIAMI BEACH, FLORIDA

State

FL

Zip Code

33140

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

REGISTERED AGENT MUST SIGN

Date

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
P	JORGE CHAAR	5838 COLLINS AVE SUITE 14D	MIAMI BEACH FL 33140

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

July 1, 2004

Division of Corporations  
PO BOX 6327  
Tallahassee, Fl 32314

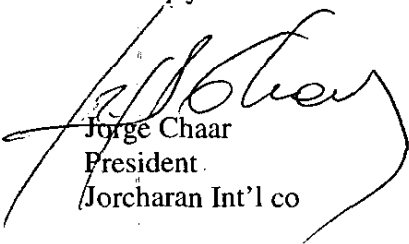
ATTN: Tyron Scott

As per telephone conversation enclosed please find new completed Corporation  
reinstatement form for processing.

As explained to you approximately two weeks ago we send this form along with check  
covering reinstatement, however it was filled incorrectly and I never get the form in the  
mail.

I hope you can assist me in the activation of my company at your earliest convenience

Sincerely



Jorge Chaar  
President  
Jorcharan Int'l co