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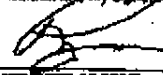
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

07 MAR -6 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																																	
DOCUMENT # P 01000026191 1. Corporation Name JET 2000 SYSTEMS INC.																																			
2a. Principal Office Address - No P.O. Box # 1655 W. 31 ST. PL.		2b. Mailing Office Address same																																	
3a. City & State HIALEAH, FLORIDA		3b. City & State same																																	
Zip 33012	Country USA	Zip 33012	Country USA																																
7. Name and Address of Current Registered Agent Name ROBERTO MENDEZ Street Address (P.O. Box Number is Not Acceptable) 1655 W. 31 ST. PL. Suite, Apt. #, Etc. City HIALEAH State FL Zip Code 33012																																			
8. Signature of Registered Agent  Roberto Mendez Date 3-5-07 REGISTERED AGENT MUST SIGN																																			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1"> <thead> <tr> <th>Title</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>D/P/</td> <td>Mendez, Roberto</td> <td>1655 W. 31 ST. PL.</td> <td>Hialeah, FL. 33012</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	D/P/	Mendez, Roberto	1655 W. 31 ST. PL.	Hialeah, FL. 33012																								
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D/P/	Mendez, Roberto	1655 W. 31 ST. PL.	Hialeah, FL. 33012																																
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 contained in Chapter 119, 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:  Roberto Mendez 3-5-07 305-887 4185 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR																																			

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida 3-13-01	
5. FEI Number 65-1084256	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESPENDING	

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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6. March MAR 6 2007

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Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

JET 2000 SYSTEMS INC.

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