

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 MAR -9 PM 2:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000043472

1. Corporation Name

JRTS ENTERPRISES CORPORATION

2. Principal Office Address

440 VIA TUSCANY LOOP

Suite, Apt. #, etc.

City & State

LAKE MARY, FLORIDA.

Zip

32746

Country

U.S.A.

3. Mailing Office Address

440 VIA TUSCANY LOOP

Suite, Apt. #, etc.

City & State

LAKE MARY, FLORIDA

Zip

32746

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

5/1/2001

5. FEI Number

59-3714632

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

JAHAN CHOWDHURY

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

440 VIA TUSCANY LOOP

Suite, Apt. #, Etc.

City

LAKE MARY

State

FL

Zip Code

32746

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

Jahan Chowdhury  
REGISTERED AGENT MUST SIGN

Date 03/4/2005

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
PD	JAHAN CHOWDHURY	440 VIA TUSCANY LOOP	LAKE MARY, FL 32746
VD	RINEE CHOWDHURY	440 VIA TUSCANY LOOP	LAKE MARY, FL 32746

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:

Jahan Chowdhury  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/4/05

Date

Daytime Phone #

407-264-7770

CR2E081 (01/05)

Date: March 4, 2005

Florida Department of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

JRTS Enterprises Corporation  
440 Via Tuscany Loop  
Lake Mary, FL 32746

Ref: P01000043472: Reinstatement Application (JRTS Enterprise Corporation).

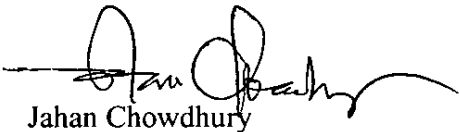
Dear Sir/Madam:

Please be advised due to change of my business address, I didn't receive my annual report of notice for last four years (2002, 2003, 2004, 2005).

I would like to reinstate my corporation as of 2005.

If you have any questions, please feel free to call me at (407) 806-3999

Sincerely,



Jahan Chowdhury

President