

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 DEC -5 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P-01000072844

1. Corporation Name

JAS ENTERPRISES, INC.

2. Principal Office Address

3000 N. University Dr.

Suite, Apt. #, etc.

Suite E

City & State

Coral Springs, Fl.

Zip

33065

Country

USA

3. Mailing Office Address

3000 N. University Dr.

Suite, Apt. #, etc.

Suite E

City & State

Coral Springs, Fl.

Zip

33065

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/24/01

5. FEI Number

65-1123750

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

David S. Hernandez

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

3000 N. University Drive

Suite, Apt. #, Etc.

Suite E

City

Coral Springs

State

FL

Zip Code

33065

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 ☒

Date **11/07/02**

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
PD	Peter Brown	Suite E 3000 N. University Dr.	Coral Springs, Fl 33065
TD	Andy Soffian	3000 N. University Drive Suite E	Coral Springs, Fl. 33065
SD	Jesus Terrones	3000 N. University Drive Suite E	Coral Springs, Fl 33065

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

Peter Brown

Date

12/2/02

Daytime Phone #

954-346-7288

CR2E081 (9/01)

M A S
3000 N UNIVERSITY DRIVE
SUITE E
CORAL SPRNGS, FL 33065
Tel # 954-346-7288
Fax # 954-346-7217

November 7, 2002

Uniform Business Report Filing
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32302-1500

RE: UBR/P01000072844/JAS ENTERPRISES, INC.

To Whom It May Concern:

This is to request acceptance of the enclosed corporate renewal filing/reinstatement. Due to a change of address, the client as of today has not received the UBR form. Please see new address.

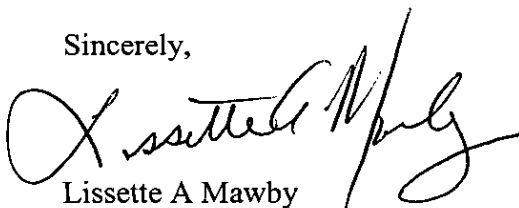
It is the client's responsibility to file the corporate annual report. We do not file the corporate annual report for our clients unless is given to us for filing.

Enclosed find check for \$150.00 for the filing fee.

Should you have any questions, please do not hesitate to call the office.

Thank you, for your assistance in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Lissette A Mawby", is written over the printed name.

Lissette A Mawby

Enc.