

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 21 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000089120

1. Corporation Name

JEVUSA, CORP.

2. Principal Office Address

780 NW 42 AVE.,

Suite, Apt. #, etc.

Suite # 420

City & State

MIAMI, FLORIDA

Zip

33126

Country

DADE

3. Mailing Office Address

780 NW 42 AVE.,

Suite, Apt. #, etc.

Suite, #420

City & State

MIAMI, FLORIDA

Zip

33126

Country

DADE

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

09/06/2001

5. FEI Number

651142804

☒ 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

MAZZA-MARTINEZ, TANIA A

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

780 NW 42 AVE.

Suite, Apt. #, Etc.

SUITE # 420

City

MIAMI, FLORIDA

State

FL

Zip Code

33126

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

1/16/03

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	VASQUEZ, JORGE	780 NW 42 AVE, Suite, #420	MIAMI, FLORIDA 33126
D	SAEHBRANDT, GUILLERMINA	780 NW 42 AVE, Suite, #420	MIAMI, FLORIDA 33126

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/16/2003

Date

305-446 5353

Daytime Phone #

PMHWR

MAZZA-MARTINEZ & ASSOC., P.A.

Attorneys at Law.

780 NW 42 Ave., Suite 420

Miami, Florida 33126

Ph: (305) 446-5353. Fax: (305) 461-4272 tmazza6326@aol.com

January 16, 2003

Sirs.

DIVISION OF CORPORATION

PO BOX 6327

TALLAHASSEE, FL 32314

Dear Sirs:

Enclosed please find Corporation Reinstatement Form for Jevusa, Corp. We did not receive 2002 Uniform Business Report, because are address changed. We appreciate if you waive the penalty.

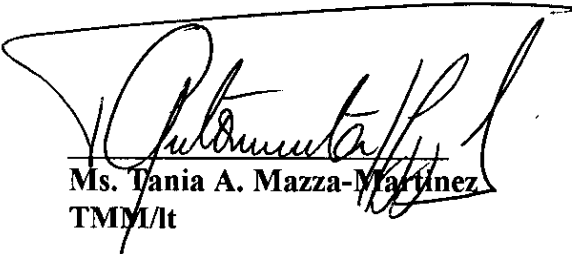
We will appreciate if you can send us any notification and or communication to our address at:

MAZZA-MARTINEZ & ASSOC., P.A.

780 NW 42 AVE., SUITE 420

MIAMI, FLORIDA 33126

Sincerely yours,



Ms. Tania A. Mazza-Martinez

TMM/lt

Enclosures