

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 AUG -9 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000092494

1. Corporation Name
JE SYSTEMS, INC.

2. Principal Office Address
150 AUSTRALIAN AVE

Suite, Apt. #, etc.

City & State
WEST PALM BEACH, FL

Zip
33406

Country
USA

3. Mailing Office Address
PO BOX 970905

Suite, Apt. #, etc.

City & State
BOCA RATON, FL

Zip
33497

Country
USA

**4. Date Incorporated or Qualified
To Do Business in Florida** 09/21/2001

5. FEI Number
65-1139221

Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

2002-05 Reinst

7. Name and Address of Current Registered Agent

Name
ASSIS, JACQUELINE

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

Suite, Apt. #, Etc.

City
WEST PALM BEACH

State
FL

Zip Code
33406

600058849806

08/22/05--01065--007 ***500.00

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**

J. Assis

REGISTERED AGENT MUST SIGN

Date 08/02/05

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
PSTD	ASSIS, JACQUELINE	150 AUSTRALIAN AVE	WEST PALM BEACH, FL 33406

J. Assis
8/12

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

08/02/2005

Date

(305) 932-9392

Daytime Phone #

CR2E081 (01/05)

West Palm Beach - FL, August 2nd, 2005

FLORIDA DEPARTMENT OF STATE
REINSTATEMENT DEPARTMENT
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE - FL - 32314

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To Whom It May Concern:

I would like to inform you that I have a Profit Corporation
by the following name:

JE SYSTEMS, INC.
Doc # P01000092494

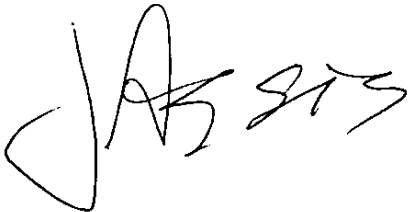
Our corporation has its articles filed with Florida
department of State-Division of Corporation on 09/21/2001.
Unfortunately, we have never received ANY NOTICES of our 2002 UBR
form; and we did not know that we must pay it annually.

As this happened against our will, we would like to ask you
please waive the Reinstatement Fee, as I am sending you the
amount of US\$ 600.00 (\$150 for each of the following years: 2002,
2003, 2004 and 2005), plus the completed Reinstatement Form. I
would like to ask you to please consider this, and file these as
soon as possible.

Once again, I would like to emphasize that my intentions is
to work in accordance with the State Laws, witch statutes I
respect and honor.

If there is any other necessary information concerning this
matter, please feel free to contact me. Thank you.

Sincerely,



JE SYSTEMS, INC.
JACQUELINE ASSIS
PRESIDENT
150 AUSTRALIAN AVE
WEST PALM BEACH, FL 33406