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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
03 DEC 17 PM 12:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000105110

1. Corporation Name

Jax Florida International Inc

2. Principal Office Address

12293 Cashew Cove

Suite, Apt. #, etc.

Drive South

City & State

Jacksonville, Florida

Zip

32225

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/31/2001

5. FEI Number

59-3753080

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

Valery Kichura

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

12293 Cashew Cove Drive South

Suite, Apt. #, Etc.

City

Jacksonville FL 32225

State  
FL

Zip Code

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

*[Signature]*

Date

11-08-03

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
P	Valery Kichura	12293 Cashew Cove Dr. S	Jax FL 32225
Vp	Dana Kichura	12293 Cashew Cove Dr. S	Jax FL 32225

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-08-03

Date

Daytime Phone #

CR2E081 (10/02)

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**Terence N. Thurson Inc.  
Full Service Accounting Firm  
8716 Lem Turner Road  
Jacksonville, Florida 32208**

**Tele 904-764-7717  
Fax 904-766-7608**

**Baymeadows Location:  
9838 Old Baymeadows Road Suite 382  
Jacksonville, Florida 32256**

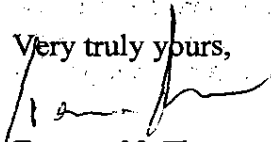
November 7, 2003

**Department of State  
Division of Corporations  
P O Box 6327  
Tallahassee, Florida 32314**

**Reference: P01000105110  
Federal IDNO. 59-3753080  
Jax Florida International Inc  
12293 Casheros Cove Drive South  
Jacksonville, Florida 32225**

The above corporation never did receive its annual report in the mail. Plus he was also ill through out the year. So please accept the 150.00 dollar filing fee and reinstate his corporation.

Very truly yours,

  
Terence N. Thurson