

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

03 SEP 18 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000012157

1. Corporation Name

JUSARA, INC.

2. Principal Office Address

4288 Diamond Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

4288 Diamond Dr.

Suite, Apt. #, etc.

City & State

WESTON, FL

City & State

WESTON, FL

Zip

33331

Country

U.S.A.

Zip

33331

Country

U.S.A.

100023276811

09/23/03--01021--031 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

2/1/02

5. FEI Number

80-0033898

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

JUAN A. ALEGRE

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

4288 Diamond Dr.

Suite, Apt. #, Etc.

City

WESTON

State

FL

Zip Code

33331

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

X Juan Alegre
REGISTERED AGENT MUST SIGN

Date 9-12-03

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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
VP	SANDRA G. ALEGRE	4288 Diamond Dr.	WESTON, FL 33331

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:

Sandra Alegre
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

X 9/1/03 X 954-315-0567
Daytime Phone #

CR2E081 (10/02)

9/9/18

Jusara, Inc.

4288 Diamond Dr.
Weston, FL 33331

(954) 315-4567

Sandra G. Alegre
Vice - President

September 12, 2003

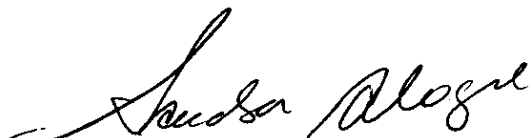
Uniform Business Report
Division Of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Enclosed please find a check in the amount of \$150.00 as payment of the Annual Report for the 2003 year. We are also including the Reinstatement form. Please be informed that we never received the original form and so we inadvertently did not pay. Kindly accept this payment and advise.

Thank you for your consideration.

Sincerely,


Sandra G. Alegre