

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JUN -8 PM 1:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 002000021711

1. Corporation Name

JASMINE AUTO SALES, INC.

2. Principal Office Address

2895 S. PINE AVE.

3. Mailing Office Address

PO BOX 1719

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCALA, FL

City & State

OCALA, FL

Zip

Country

USA

Zip

Country

USA

600037730376  
06/08/04--01001--011 \*\*908.75  
**REINSTATEMENT** 03-04

4. Date Incorporated or Qualified  
To Do Business in Florida

02/26/02

5. FEI Number

20-0564846

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

GEORGE ORTIZ

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

1515 E SILVER SPRINGS BLVD.

Suite, Apt. #, Etc.

SUITE 128

City

OCALA, FL 34470

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

George Ortiz

Date

6/4/04

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
D,P	ANDREW KISWANI	4080 SE 26 <sup>th</sup> CT. RD.	OCALA, FL 34480
S,T	KEVIN KISWANI	C/O 4080 SE-26 <sup>th</sup> CT. RD.	OCALA, FL 34480
D,V	ANDREW KISWANI	4080 SE 26 <sup>th</sup> CT. RD.	OCALA, FL 34480

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

6-3-04

Date

352, 266-2182

Daytime Phone #

CR2081 (01/04)