

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUN -6 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000022619

1. Corporation Name

JAELE CORP

2. Principal Office Address
33 SW 20 AVENUE
MIAMI, FL 33135

3. Mailing Office Address
33 SW 20 AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip
33135

Country
USA

Zip
33135

Country
USA

CR2E081 (12/05)
W06-25386

4. Date Incorporated or Qualified
To Do Business in Florida 02/28/2002

5. FEI Number
01-0633732

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
ELIAS, ALBERTO

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

Suite, Apt. #, Etc.

City
CORAL GABLES,

300076403913
06/21/06--01004--019 **\$800.00
700076403897
06/21/06 01004 019 **\$8.75

State
FL

Zip Code
33134

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

Alberto Elias

Date 5-31-06

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	ELIAS, ALBERTO	815 ORTEGA AVENUE	CORAL GABLES, FL 33134
D	ELIAS, ELA	11923 SW 11 TERRACE	MIAMI, FLORIDA 33184

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 contained in Chapter 119, 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

5-31-06

Date

305-219-2971

Daytime Phone #