

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 JUN 25 AM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000120253**

1. Corporation Name

Jusesa International Entertainment Corp.

400157767644

06/25/09--01004--012 **1350.00

REINSTATEMENT 05-05

2. Principal Office Address - No P.O. Box #

905 Brickell Bay

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 2C-H23

Suite, Apt. #, etc.

City & State

Miami Florida

City & State

Zip

Country

33131

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/08/02

5. FEI Number

364538408

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

Gloria L. Acevedo

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

905 Brickell Bay Drive

Suite, Apt. #, Etc.

Suite 928

City

Miami

State

FL

Zip Code

33131

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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]

REGISTERED AGENT MUST SIGN

Date *6/19/09*

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
<i>Pres</i>	<i>Hector Gordillo</i>	<i>905 Brickell Bay Drive Suite 928</i>	<i>Miami FL 33131</i>
<i>Vice Pres</i>	<i>Julio Sabala</i>	<i>905 Brickell Bay Drive Suite 928</i>	<i>Miami FL 33131</i>

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

[Signature]

Date

Daytime Phone #

6/19/09 786-231-8997