## 2004 FOR PROFIT CORPORATION REINSTATEMENT

## FILED DOCUMENT # P03000104488 1. Entity Name 04 NOV 24 AM 10: 06 JAMAL CORPORATION SECRETARY OF STATE Principal Place of Business TALLAHASSEE, FLORIDA Mailing Address 350 NW 79 ST 350 NW 79 ST MIAMI, FL 33150 MIAMI, FL 33150 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite: Apt: #, etc :--10282004 REIN-P CR2E098 (6/04) City & State City & State 4. FEI Number 20-0303185 Not Applicable Country ~Zio~~ ------™Country - - -\$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COLBERT, KEVIN C ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 66 W FLAGLER ST STE 300 MIAMI, FL 33130 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the After January 1, 2005, Fee will be \$300.00 corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Delete ☐ Change ☐ Addition QAWASMEH, MARWAN NAME NAME STREET ADDRESS 9511 FOUNTAINBLEU BLVD #405 STREET ADDRESS MIAMI, FL 33172 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Chänge ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

October 26, 2004

Uniform Business Report Division of Corporations P.O. Box 6198 Tallahassee, FL 32314-6198

DOC. # P03000104488

Re: JAMAL CORPORATION

To Whom It May Concern:

This letter is in regards to the corporation annual report for the 2004 filling year According to your letter we never received an annual report for our corporation. We are sending a filled out blank report to your department because we never received the original report. Please accept our apologies and accept this \$150.00 filing fee. We never meant to send the report late, if we would have received the report, we would have sent it on time. We apologize any inconvenience this may have caused.

If you have any questions please feel free to contact me at (305) 541-3980.

Sincerely,

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