


2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB -3 AM 9:38

DOCUMENT # P04000079905		
1. Entity Name JUNSAN INC.		

Principal Place of Business 5721 FUNSTON ST. BAY #4 HOLLYWOOD, FL 33023 US	Mailing Address 17683 S.W. 9TH ST. PEMBROKE PINES, FL 33029 US
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2. Principal Place of Business 5765 RODMAN ST. Suite, Apt. #, etc.	3. Mailing Address 12625 N.W. 23 RD ST. Suite, Apt. #, etc.
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City & State HOLLYWOOD, FL.	City & State PEMBROKE PINES, FL.
Zip 33023	Zip 33028
Country U.S.A.	Country U.S.A.

REINSTATEMENT 05-06



01242006 REIN-P CR2E098 (11/05)

4. FEI Number 20-1135297	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HUSMAN, FAROUK A 17683 S.W. 9TH ST. PEMBROKE PINES, FL 33029	7. Name and Address of New Registered Agent Name FAROUK A. HUSMAN Street Address (P.O. Box Number is Not Acceptable) 12625 N.W. 23 RD ST. City PEMBROKE PINES FL Zip Code 33028
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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 the obligations of registered agent.

SIGNATURE: FAROUK HUSMAN (PRESIDENT) DATE: 01/24/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: FAROUK HUSMAN DATE: 01/24/06 DAYTIME PHONE: 954-662-7837
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR