

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

18 JUN 20 AM 8:35

**CORPORATION
REINSTATEMENT
2018**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000136168

1. Corporation Name

JURAKAN USA, INC.

200814922402
06/20/18--01009--025 **750.00

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

1087 Plymouth Sorrento Rd

Suite, Apt. #, etc.

City & State

Plymouth, Florida

Zip

32768

Country

USA

3. Mailing Office Address

PO Box 579

Suite, Apt. #, etc.

City & State

Plymouth, Florida

Zip

32768

Country

USA

CR28081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

09/30/2004

5. FEI Number

42-1653061

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$5.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Steven Reiskind

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

5011 South, SR 7

Suite, Apt. #, Etc.

Suite 107

City

Davie

State

FL

Zip Code

33314

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

Steven Reiskind

(REGISTERED AGENT MUST SIGN)

Date **05/30/2018**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Gonzalo Salguero	1087 Plymouth Sorrento Rd	Plymouth, FL 32768
			K. ASHTON

10. E-mail Address: **gonzalo.salguero@jurakan.net**

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Gonzalo Salguero

GONZALO SALGUERO CEO

05/30/2018 407 557 8854