PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB 16 PM 4: 13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000022850

1. Corporation Name

HWY Jass, Inc

700169008657
02/16/10--01033--007 **600.00

REINSTATEMENT (CR2E009) 07-10

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
	HWY Jass Inc
Suite, Apt. #, etc	Suite, Apt. #, etc.
926 N Main st	926 N. Main st
City & State	City & State
Kiss — Fla	Kissimmee - Fla
Zip 34744	Country
	Zip 34744

4. Date Incorporated or Qualified To Do Business in Florida 2-15-2006

5. FEI Number 20-4322216   ☐ 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 Walid Younes

Street Address (P.O. Box Number is Not Acceptable)
2414 Marley ct

Suite, Apt. #, Etc.
2

City ORL-Fla   State FL   Zip Code 32837

☒ 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 _____   Date 2-12-10

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
Prs	Walid younes	2414 Marley ct	ORL-Fla 32837

10. E-mail Address: HWY Jass @ Yahoo Com
(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., 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.

SIGNATURE: _____ Walid Younes   2-12-10   407-343-1866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #