

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 NOV 21 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P060000 90733

1. Corporation Name

JSAM Corp.

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

3056 S. State Rd 7

Suite, Apt. #, etc.

#78

3. Mailing Office Address

3056 S. State Rd 7.

Suite, Apt. #, etc.

#78

City & State

Miami FL

City & State

Miami FL

Zip

33023

Country

USA

Zip

33023

Country

USA

REINSTATEMENT 07-08^{Ks}

4. Date Incorporated or Qualified
To Do Business in Florida

July-07-2006

5. FEI Number

20-5180401

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

Jewan Samaroo

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

1121 SW 88th Way

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33025

☒ 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

REGISTERED AGENT MUST SIGN

Date NOV-18-2008

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
<u>President</u>	<u>Jewan Samaroo</u>	<u>1121 SW 88th Way</u>	<u>Pembroke Pines FL 33025</u>

000138180670
11/21/08--01031--012 **\$300.00

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

Jewan Samaroo

NOV-18-08 / 954-895-0506

Date

Daytime Phone #