PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2023 AUG 23 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FL

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08/23/23--01001--015 **200.00

CR2E081 (11/10)

DOCUMENT #

1. Corporation Name
JSS Limited

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
12838 Payton St	12838 Payton St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Odessa FL	City & State: Odessa FL
Zip: 33556 Country:	Zip: 33556 Country:

4. Date Incorporated or Qualified To Do Business in Florida 03/13/2018

5. FEI Number 82-4817476 ☐ 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: EUGENIA DOGOTER
Street Address (P.O. Box Number is Not Acceptable): 12838 Payton St.
Suite, Apt. #, Etc.:
City: Odessa State: FL Zip Code: 33556

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 08/23/23
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
P	EUGENIA DOGOTER	12838 Payton St.	Odessa FL 33556
		Reinstatement 2023	

10. E-mail Address: jsstransportation@gmail.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., 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: _____ 08/23/23
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #