PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION P92000146631

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 SEP 12 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

97 Annual Report

DOCUMENT #

1. Corporation Name J. A. B. International Trading Co. Inc

Principal Place of Business	Mailing Address
1013 Fairway Dr. Winter Park, FL 32792	Same

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida 12/29/92

5. FEI Number 59-3155370 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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

500002292499--8
-09/15/97--01020--014
***1525.00 ****501.25

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City/State/Zip 4
Pres/Ceo	Jefferson A. Bootes	2708 Deer Berry Ct	Longwood Fl. 32779
V.P.	Dr. Samuel P. Martin	1244 Spring Lake Dr.	Orlando, FL 32804

500002292485--1
-09/15/97--01020--014
***1525.00 ***1023.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name Jefferson A. Bootes
Street Address (P.O. Box Number is Not Acceptable) 2708 Deer Berry Ct.
Suite, Apt. #, Etc.
City Longwood State FL Zip Code 32779

CR2E040 (12/96)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Jefferson A. Bootes Date August 25, 1997
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12 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 under section 119.07(3)(i), 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.

9-12-97 mpl

SIGNATURE: Jefferson A. Bootes Jefferson A. Bootes 8/25/97 407-829-4483
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #