

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 DEC -4 AM 8:01

DOCUMENT # P93000005577

1. Corporation Name

JELESA CORPORATION

2. Principal Office Address

911 WEST MOWRY DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

911 WEST MOWRY DRIVE

Suite, Apt. #, etc.

City & State

HOMESTEAD, FLORIDA

City & State

HOMESTEAD, FLORIDA

Zip

33030

Country

Zip

33030

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

1/25/1993

5. FEI Number

65-0383520

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

JESUS F. SANTOVENIA

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

911 WEST MOWRY DRIVE

Suite, Apt. #, Etc.

City

HOMESTEAD

**State
FL**

Zip Code

33030

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 11/27/02

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
PSTD	SANTOVENIA, JESUS F.	911 WEST MOWRY DRIVE	MIAMI, FLORIDA 33130

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 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.

SIGNATURE:

JESUS SANTOVENIA, D

11/27/02

305-443-1919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)