PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P93000031554 **DOCUMENT #** 

1. Corporation Name

JASPER ENTERPRISES, INC.

FILED

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SECRETARY OF STATE TALLAMASSEE, FLORIDA

rincipal Place of Business	Mailing Address	
1366 N.W. 54th Miami, Florida	1366 N.W. 54th Miami, Florida	
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Mla	im1, F.	iorida 3314	2 M:	Lamı, F	rorı	da 33	142					- aq
If above a	addre <b>ss</b> es ere	a incorrect in any way, line Address, If Applicable	hrough incorrect in	nformation and	d enter core	rection below	• • -		TATEM			97/1
New Principal Office Address, If Applicable     New Mai						4. Date Incorporated or Qualified To Do Business in Florida 11-27-93  5. FEI Number 65-0449122 Applied For						
Suite, Apt. #, etc. Suite, Apt. #					-							
City & State	e		City & State		<del></del>				65-044	9122		Not Applicable
Zip		Country	Zıp		Country			6. CERTIF <b>IC</b> A	ITE OF STATUS DESI			tional Fee required tificate of Status
7. Names	and Street Ad	ddresses of Each Officer ar	d/or Director (Flo	rida nonprofit (	corporation	ns must list a	it least	3 directors)				,
Title(s)	2	Name of Officers and/or Directors		3 (Do t	Office	Address of £ r and/or Dire Post Office B	ector	mbers)	4	City / S	State / Zip	,
P	Mary	Sweet		300 K	1.W.	87th	Str	eet	Miami,	Flor	cida	33150
v	Eric	Sweet		485	N.W.	87 St	tre	et	N. Mia	mi, E	<u>-</u>	33150
D	Jasp	per Sweet		300	N.W.	87th	St	reet	Miami,	Flor	: <b>i</b> da	33150
								1.	00002 -08/01 *****	61 C 7/98	19:3 1086 ***	1-005 7 *300.00
	P Non	ne and Address of Currer	t Dagintaged Age					Nomeond	I Address of Nov.	Danistanad	A	
			it negistered Age			lame		, warne and	Address of New	negistereo	Agent	
Mary Sweet 300 N.W. 87th Street				S	Street Address (P.O. Box Number is Not Acceptable)							
Miami, Florida 33150				5	Suite, Apt. #,	Etc.					<del></del>	
					C	City				State	e Zip Co	ode
10. I, being	appointed th	e registered agent of the a	pove named como	oration, am fam	iliar with a	nd accept th	ne oblig	ations of Sec	tion 607.0505, F.S		<u>• 1                                   </u>	
Signature e Registered	agent _	Mary Su	REGISTERED AG	ENT MUST SI	GN			,	Date	7-7	-98	<b>)</b> 
		ration owes or t Personal Prope				Yes	ΚX	No 🗖	(§	ee other sid on inta	<b>de</b> for info <b>ng</b> ible tax	
12. I certify	that I am an o	officer or director or the rec	eiver or trustee en	powered to ex	ecute this	application (	as prov	ided for in ch	napter 607 or 617, F	.S. I furthe	r certify th	nat 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:

IATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305)757 - 7001

Daylimo Phone #