

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000031554

1. Corporation Name

JASPER ENTERPRISES, INC.

Principal Place of Business

1366 N.W. 54TH STREET
MIAMI FL 33142

Mailing Address

1366 N.W. 54TH STREET
MIAMI FL 33142

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/29/1993

SP

5. FEI Number

65-0449122

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PS	SWEET, ERIC	485 N.W. 87TH STREET	MIAMI FL 33150
QC	SWEET, JASPER	300 N.W. 87TH STREET	MIAMI FL 33150
V	MAURRASSE, LLOYD G	11600 W. BISCAYNE CANAL	MIAMI FL
S	SWEET, MARY	300 N.W. 87TH STREET	MIAMI FL 33150
T	SWEET, Chante	300 NW 87th street	Miami, FL 33150

8. Name and Address of Current Registered Agent

SWEET, ERIC
485 N.W. 87TH STREET
MIAMI FL 33150

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

100003119381--5

-02/01/00--01120--016

***900.00 State ***900.00 Zip Code

FL

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

1-21-2000

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., 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-2000

Date

305-757-7001

Daytime Phone #