

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P93000032570

1. Corporation Name
JASGAP, INC.

Principal Place of Business
1500 SAN REMO AVENUE
SUITE 185-A
CORAL GABLES FL 33146

Mailing Address
1500 SAN REMO AVENUE
SUITE 185-A
CORAL GABLES FL 33146

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

2. New Principal Office Address, If Applicable
1500 San Remo Ave

Suite, Apt. #, etc.
Suite 135

City & State
Coral Gables FL

Zip Country
33146 U.S. Dade

3. New Mailing Office Address, If Applicable
1500 San Remo Ave

Suite, Apt. #, etc.
Suite 135

City & State
Coral Gables FL

Zip Country
33146 US

4. Date Incorporated or Qualified
To Do Business in Florida

04/26/1993

5. FEI Number
65-0429967

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$0.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	SCHLESINGER, KATHIE A	1500 SAN REMO AVE., SUITE 185-A 135	CORAL GABLES FL 33146

4000002375804--4
-12/17/97-01113-008
****750.00 ****750.00

JB
12-11-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCHLESINGER, JAMES A
1500 SAN REMO
STE. 185-A
CORAL GABLES FL 33146

Name

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

Suite, Apt. #, Etc.

Suite 135

City

State

FL

Zip Code

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

James A. Schlesinger

REGISTERED AGENT MUST SIGN

Date

10/20/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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.

SIGNATURE:

James A. Schlesinger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/97
Date

(305) 662-9559
Daytime Phone #

CR25040 (8/97)