

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS


04 SEP 30 AM 8:00

REINSTATEMENT 95-04

300041495373  
09/30/04--01045--002 \*\*8.75

300041495373  
09/30/04--01045--001 \*\*2100.00

MRS

<b>CORPORATION REINSTATEMENT</b>		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93 0000 64944			
1. Corporation Name JADAN LEASING CORPORATION			
2. Principal Office Address 1174 NW 163 DRIVE		3. Mailing Office Address 1174 NW 163 DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33169	Country USA	Zip 33169	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 09/17/1993	
5. FEI Number 650438244	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name NATALIA V. POLIAKOVA, Esq.			
Street Address (P.O. Box Number is Not Acceptable) Natalia V. Poliakova, Esq. NATALIA V. POLIAKOVA, P.A. 18205 Biscayne Blvd., #2221			
Suite, Apt. #, Etc.			
City Aventura, Florida	State FL	Zip Code 33160 USA	

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 Natalia V. Poliakova Date 09/28/2004

REGISTERED AGENT MUST SIGN

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
P	ALMAN, JANE	10651 SW 37 <sup>th</sup> PLACE	DAVIE, FL 33328
VST	ALMAN, DANIEL G	10651 SW 37 <sup>th</sup> PLACE	DAVIE, FL 33328

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: Daniel G. Alman DANIEL G. ALMAN (VST) Date 09/28/04 (954) 444-3822 Daytime Phone #

CFR2E081 (01/04)