PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # P94000 0860 39 1- Copuration Name JADOR INTER NATIONAL Corporation 2. Principal Office Address - No P.O. Box # 3. Mailing Office Andress 14699 SW 47 Street 1	CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 07 MAR -5 AM 10: 36	
Suite, Apt. 8, etc. City & State MICRMAR FL City & State MICRMAR FL Applied For Street Address in Forda 7. Name and Address of Current Registered Agent Name Dorot HY Brown - Alface Street Address (P.O. Box Number is Not Acceptable) His 9 9 Stw 47 Street State City MICRMAR 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 Micrmar RESISTERED AGENT MIST SIGN 9. Names and Street Addresses of Each Officer and/or Directors Name of Of	50001112111 11			
City & State MITAMAR, FL Zip 33027 Country 33027 Country Co	14699 SW 47 ST	14699 SW 47 Street	CR2E081 (1/07)	
7. Name and Address of Current Registered Agent Name DOROTHY BROWN - ALFARO	MITAMAR, FL Zip Country	MIRAMAR FLONIDA Zip Country	5. FEI Number Applied For Not Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIDED \$8.75 Additional Fee required	
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 August Brown - Wassen Registered Agent August Brown - Wassen 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 Officers and/or Directors Street Address of Each Officer and/or Director Officer and/or Director Officer and/or Director Registered Address of Each Officer and/or Director Officer and/or Director Registered Address of Each Officer and/or Director Register and Register Address of Each Officer and/or Director Register Address of Each Officer Addre	Name DOROTHY BROWN-ALFARO Street Address (P.O. Box Number is Not Acceptable) 14699 SW 47 Street Suite, Apt. #, Etc. City State Zip Code		circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement	
Titles Name of Officers and/or Directors Officer and/or Director Miramar, FL 33024 P DOROTHY BROWN-AIFARD 14699 SW 47 ST Miramar, FL 33027 Amilamar AIFARD 14699 SW 47 ST Miramar, FL 33027 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 filling 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 contained in Chapter 119, 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.	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 Date 2-20-200 T			
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Dorothy Brown-Alfaro V Amilane Alfaro 14699 SW 475T Mirmme, FL 33027 Mirmme, FL 33027 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 filling 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 contained in Chapter 119, 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.				
200091536342 03/07/0701015009 **158.75 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 contained in Chapter 119, 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.	P DONTHY BROWN-	Alfaro 14699 5W 47 5	Miramar, FL 33027	
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SIGNATURE: NOW 19 19 WATER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #				