

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000086039**

1. Corporation Name

JADOR INTERNATIONAL Corporation

2. Principal Office Address - No P.O. Box #

14699 SW 47 ST

Suite, Apt. #, etc.

City & State

MIRAMAR, FL

Zip

33027

Country

USA

3. Mailing Office Address

14699 SW 47 Street

Suite, Apt. #, etc.

City & State

MIRAMAR, FLorida

Zip

33027

Country

USA

7. Name and Address of Current Registered Agent

Name

DOROTHY BROWN-ALFARO

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

14699 SW 47 Street

Suite, Apt. #, Etc.

City

Miramamar

State

FL

Zip Code

33027

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

Dorothy Brown-Alfaro

REGISTERED AGENT MUST SIGN

Date

2-20-2007

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	DOROTHY BROWN-ALFARO	14699 SW 47 ST	MIRAMAR, FL 33027
V	Amilcar ALFARO	14699 SW 47 ST	MIRAMAR, FL 33027

200091536342
03/07/07--01015--008 **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.

SIGNATURE:

Dorothy Brown-Alfaro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-07

Date

786-486-2377

Daytime Phone #

FILED

07 MAR -5 AM 10:36

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

200091536342
03/07/07--01015--008 **591.25

REINSTATEMENT **03-07**

CR2E081 (1/07)