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APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV 20 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: DOCUMENT # P95000021288

JASHINE ASSOCIATES, INC.
~~13902 West Hillsborough Avenue~~
~~Tampa, FL 33635~~

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address: 211 Hedden Court

Address: Ozona, FL 34660

REINSTATEMENT 96

Zip Code: 900000210[illegible]2

3. Date Incorporated or Qualified To Do Business in Florida: 03/15/1995

4. FEI Number: 59-3309275

FEI Number Applied For ☐ FEI Number Not Applicable ☐

5. $8.75 Additional fee required for certified copy. CERTIFICATE OF STATUS DESIRED ☐

6. Names and Street Addresses of Each Officer and/or Director

1 Title	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 and State
P	Onorio Carlesimo	211 Hedden Court	Ozona, FL 34660
V/S	Robert Meli	1110 Wellington Way	Safety Harbor, FL 34695

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

Robert Meli
1110 Wellington Way
Safety Harbor, FL 34695

8. Name and Address of New Registered Agent and/or Office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City and State: FL Zip

9. 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: X Robert Meli Date: 11/14/96

Robert Meli REGISTERED AGENT MUST SIGN

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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., and that all fees owed by the corporation have been paid. The information contained on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Officer or Director: X [signature] Date: 11/14/96 Daytime Phone # (813) 785-9579

Onorio Carlesimo, President

1201 HAYS STREET
TALLAHASSEE, FL 32301-2607
904-222-9171
904-222-0393 FAX

800-342-8086

CSC networks
PRENTICE HALL
LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000032

REFERENCE : 161624 5674A

AUTHORIZATION Patricia Pizzuto

COST LIMIT : $ 383.75

ORDER DATE : November 20, 1996

ORDER TIME : 11:11 AM

ORDER NO. : 161624-005

CUSTOMER NO: 5674A

CUSTOMER: William J. Kimpton, Esq
Kimpton Burke & White
Suite 100
28059 U.s. Highway 19, North
Clearwater, FL 34621

DOMESTIC FILINGS

RECEIVED
96 NOV 20 PM 1:13
DIVISION OF CORPORATION

NAME: JASMINE ASSOCIATES, INC.

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
XX_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Daniel W Leggett
EXAMINER'S INITIALS _____