PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS DOCUMENT #PG60000 JU 70 1. Corporation Name PAPA JAS, Inc.						OO APR 25 PM 12: 11 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
2. Principal Office Address 1915 E 7Th Arc Suite, Apt. #, etc.			3. Mailing Office Address Suite, Apt. #, etc.			REINS	STATEMENT porated or Qualified	9910
City & State			City & State			To Do Business in Florida		
TAMPA	F	C				5. FEI Number — Applied For — S9 - 3323400 Not Applicable		
33605	Country		Zip	Country		6.	S8.75	Not Applicable Additional Fee required
22002	ų	JA		me and Address of Curren	<u>-</u> -		for a	Certificate of Status
Suite, Ap City B. I, being appointed to Signature of Registered Agent	Idress (P.O. 2)	RE	e named corporal		st list at lea	oligations of sections of sect	State Zip Code FL 33606 on 607.0505 or 617.0503, F.S.	**900 00
Titles	Officers and/or Directors			Officer and/or Director			City / State /	Zip
D STeph	ien	BAZAN	E 0	207 W. PLATT	ST		TAMPA KL	33606
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this reinstatement a owed by the corpor on this application	application, the ation have be strue and ac	he reason for disso een paid and the n ccurate, and my sig	lution has been el ames of individual Inature shall have	iminated, the corporate nam	e satisfies qualify for a nade under	the requirements in exemption und oath.	apter 607 or 617, F.S. I further cert is of section 607.0401 or 617.0401, ler section 119.07(3)(i), F.S. The in	F.S., that all fees formation indicated