

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 APR 20 PM 3: 38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000033702

1. Corporation Name

JAMIE LOTUS, INC.

Principal Place of Business

Mailing Address

19230 NW 87TH PLACE
MIAMI FL 33015

19230 NW 87TH PLACE
MIAMI FL 33015

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 99-00

4. Date Incorporated or Qualified
To Do Business in Florida

05/01/1995

SP

5. FEI Number

65-0573845

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	CHUAINDHARA, RANGSAN	19230 NW 87TH PLACE	MIAMI FL 33015
VD	CHUAINDHARA, TASSANA	19230 NW 87TH PLACE	MIAMI FL 33015
ST	CHUAINDHARA, V. J	19230 N.W. 87 PLACE	MIAMI FL 33015
			800003238688-2 -05/03/00--01150--013 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

GOLDSTEIN, DANIEL A
7750 SW 106TH TERRACE
MIAMI FL 33156

9. Name and Address of New Registered Agent

Name

GOLDSTEIN, DANIEL A.

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

241 SEVILLA AVENUE

Suite, Apt. #, Etc.

SUITE 805

City

CORAL GABLES

State

FL

Zip Code

33134

10. 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

[Signature]
REGISTERED AGENT MUST SIGN

Date 11/8/99

11. 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/8/99 (305) 666-8134
Date Daytime Phone #