

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 20 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000041377

1. Corporation Name

JABOT INTERNATIONAL, INC

2. Principal Office Address

615 SW 15th St

Suite, Apt. #, etc.

3. Mailing Office Address

615 SW 15th St

Suite, Apt. #, etc.

City & State

Ft Lauderdale FL

Zip

33315

Country

City & State

Ft Lauderdale FL

Zip

33315

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5/25/95

5. FEI Number

65-0582918

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MICHAEL BROWN

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

615 SW 15th St

Suite, Apt. #, Etc.

1

City

Ft Lauderdale

State

FL

Zip Code

33315

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

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
<u>PRES</u>	<u>MICHAEL BROWN</u>	<u>615 SW 15th St</u>	<u>Ft Lauderdale FL 33315</u>

REINSTATEMENT 02-04

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jabot International, Inc.
615 SW 15th Street
FT. Lauderdale, Fl 33315

June 3, 2004

Secretary of State
Division of Corporations
Annual Reports Filings
409 East Gaines St
Tallahassee, Fl 32399

RE: Jabot International, Inc. - 65-0582918

To Whom It May Concern:

Please find our check for \$300

02

Please note that we did not receive the Uniform Business Report.

We moved our location to the above address and our mail did not get forwarded.

Please accept this payment and form now and please abate all penalties and interest.

If you have any questions, please do not hesitate to contact me

Sincerely,

A handwritten signature in black ink, appearing to be 'M. D. H.', with a long horizontal flourish extending to the right.