

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT -8 PM 2: 03



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

DOCUMENT # P96000021289

1. Corporation Name

J.A.A.I. Corp.

2. Principal Office Address

4353 Ocean Drive

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33308

Country

USA

3. Mailing Office Address

4353 Ocean Drive

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33308

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/05/96

5. FEI Number

65-0676989

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

Louis R. Montello, Esq.

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

777 Brickell Avenue.

Suite, Apt. #, Etc.

Suite 1070

City

Miami

State
FL

Zip Code
33131

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

Date September 28, 2001

REGISTERED AGENT MUST SIGN

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
D P S T	Benzaquen, Jose	4353 Ocean Drive	Ft. Lauderdale, FL 33308
			SP

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)(f), 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

Jose Benzaquen

10/01/01

Date

954-776-1490

Daytime Phone #

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J.A.A.I. Corp.
4353 Ocean Drive
Ft. Lauderdale, FL 33308
(954) 776-1490

October 1, 2001

Department of State
Division of Corporations
Corporation Reinstatement Dept.
409 East Gaines Street
Tallahassee, FL 32399

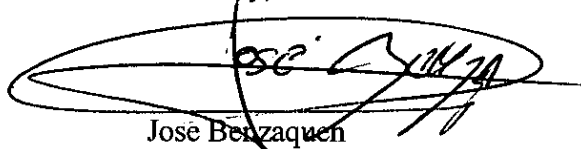
Re: Reinstatement of J.A.A.I. Corp. (the "Company")

Ladies and Gentlemen:

On Friday I discovered that the Company had been involuntarily dissolved on September 21, 2001, for failing to file the 2001 Uniform Business Report. I filed the report in April 2001 but I learned on Friday that you had rejected the report because it was missing a signature. Unfortunately, I never received your package.

Enclosed is a Corporation Reinstatement that I have executed on behalf of the Company along with a check in the amount of \$150 in payment of the annual report fee. Because I attempted to file the Company's 2001 Uniform Business Report on a timely basis, I request that you waive any penalties and other fees that may be due.

Sincerely,


José Benzaquen

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Enclosures