▲ Tear Here ▲ ▲ Tear Here ▲ ▲ Tear Here ▲

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DO NOT WRITE IN THIS SPACE

97 DEC 22 AM 11:40

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # P96000081138

Jaysir Enterprises, Inc.
6969 S. Tamiami Trail
Sarasota, FL 34231

2. If Address in Block 1 is incorrect in any way, enter the correct address below.

Address REINSTATEMENT

City and State Zip Code

3. If Principle Office Address is different from mailing address, enter address below.

Address

City and State Zip Code

4. Date Incorporated or Qualified To Do Business in Florida	5. FEI Number	FEI Number Applied For	6.
10/1/96	59-3433305	FEI Number Not Applicable	CERTIFICATE OF STATUS DESIRED ☐

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

1. Title(s)	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 / State / Zip
PVST/D	Mark Brivik	6969 S. Tamiami Trail	Sarasota, FL 34231
			800002381808--3 -12/24/97--01038--009
			****750.00 ****750.00

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

9. If changed, new registered agent / office

Name: Mark Brivik

Street Address (Do NOT Use P.O. Box Number): 6969 S. Tamiami Trail

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

City: Sarasota | State: FL | Zip: 34231

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 X. Mark Brivik Date 12/3/97

REGISTERED AGENT MUST SIGN

11. 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.)

12. 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.)

13. 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 indicated 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. Mark Brivik Date 12/3/97 Daytime Phone #