PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	FLEAGE	CAD ALL 11431	NOCTIONS BETO	NL C	COMPLETANG THIS FORM.
	RPORATION STATEMENT		DEPARTMENT OF ST Secretary of State ISION OF CORPORATIONS	ATE	FILED SECRETARY OF STATE DIVISION OF COSCORATIONS 06 MAY -9 AM 11: 16
DOCUMENT # P97000041931 1. Corporation Name					
					800075196168 05/24/0601007018 **1650.00
Jorum Group, Inc.					02/24/060100/018 **1650*00
			New Address	- D E	emstatement 00-06
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			6014 Le Lac Road Suite Apt. #, etc.		CR2E081 (8/05)
Suite, Apt. #, etc. Suite, Ap			4 Date		4. Date Incorporated or Qualified
			Boca Raton To		To Do Business in Florida 09/22/2000
City & State City & St			5. FEI Numb		5. FEI Number Applied For
Flori		Florie Zio	Country		650774866 Not Applicable
Zip	Country	1 '	Florida		6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
33496	5 Florid		Varne and Address of Current I		
	Rosa R. Vasc Street Address (P.O. Box N 6014 Le Lac Suite, Apt. #, Etc.	umber is Not Acceptable)		_	State Zip Code FL 33496
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 REGISTERED AGENT MUST SIGN					
9. Names	and Street Addresses of Each	Officer and/or Director (Flo	orida nonprofit corporations must	list at lea	least 3 directors)
Titles	Officers and/or	Directors	Street Address Officer and/or	s of Each Director	ch City / State / Zip
DPVS	Rosa R. Vasq	uez 	6015 Le Lac	Road	d Boca Raton, FL 33496
Treas	Rosa R. Vasq	uez	6015 Le Lac	Roac	Boca Raton, FL 33496
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: Rosa R. Vasquez Date Daytime Phone #					
ľ	SIGNATURE AND TY	PED OBJERINTED NAME OF	SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #