

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 11 AM 11:20

DOCUMENT # P 98000024570

1. Corporation Name

JELA INTERNATIONAL CO.

800003259928--6
-05/19/00--01103--020
****900.00 ****900.00

2. Principal Office Address

7930 NW 36 Street.

3. Mailing Office Address

Same

Suite, Apt. #, etc.
296

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33166

Country

Dade

Zip

Country

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business In Florida**

03/16/98

5. FEI Number

65-0822040

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

JAVIER LEON

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

7930 NW 36 Street

Suite, Apt. #, Etc.

SUITE #296

City

MIAMI, FL

State

FL

Zip Code

33166

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

Date 05/08/2000

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
PS/D	Javier Leon	7930 NW 36 Street Ste.#296	Miami, FL 33166
V/P.S	Claudia M. Salinas	Same	Same

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

05/08/00

Date

Daytime Phone #

(305) 471-6374