

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

06 APR 21 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000051547

1. Corporation Name

Jovian Enterprises, Inc

2. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

P.O. Box 526362

Suite, Apt. #, etc.

City & State

Miami, FL

Zip
33152

Country
USA

REINSTATEMENT

04-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida 06-08-98

5. FEI Number
65-0842488

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

Adnery Maldonado

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

4660 NW 102 Ave #104

Suite, Apt. #, Etc.

City
Miami

800073993578

05/04/06--01022--015 **45.75

State
FL

Zip Code
33178

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

4-17-06

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
P	Adnery Maldonado	4660 NW 102 Ave #104	Miami FL 33178

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 contained in Chapter 119, 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

4-17-06

Daytime Phone #

205-627-1580

April 17, 2006

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Florida Department of State
Divisions of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Ref: # P98000051547

Respectfully agents:

Our accountant informed me that the above corporate document appeared inactive. The annual report for Jovian Enterprises, Inc., were not filed thus non-receipt of the annual ²⁰⁰⁴ report notices. Please, proceed to make any changes in addresses to update company records.

Also, I am enclosing check number 1155 in the amount of \$458.75 to cover the certificate of Status for 2006, the Annual Report fees and Corporate Supplemental Fees for 2004, 2005 and 2006.

Sincerely,



Jovian Enterprises, Inc
C/O Adnery Maldonado, President
P.O. Box 526362
Miami, FL 33152