

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 JUN 19 PM 3:45

CORPORATION  
REINSTATEMENT



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

DOCUMENT # P 98000058576

1. Corporation Name

JAS TRADE, INC.

2. Principal Office Address

5301 CONROY RD

3. Mailing Office Address

5301 CONROY ROAD

Suite, Apt. #, etc.

#140

Suite, Apt. #, etc.

#140

City & State

ORLANDO, Fla.

City & State

ORLANDO, Fla.

Zip

32811

Country

USA

Zip

32811

Country

USA

REINSTATEMENT 00-01

4. Date Incorporated or Qualified To Do Business in Florida

06/29/1998

5. FEI Number

59-3522055

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JAMES R. LAVIGNE

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

5301 CONROY ROAD

Suite, Apt. #, Etc.

Suite 140

City

ORLANDO

State  
FL

Zip Code

32811

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

*James R. Lavigne*  
REGISTERED AGENT MUST SIGN

Date

6-18-01

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
Pres/ Director	JAROSLAVA MRACENIA	MACHKVA DOVA 598 14200 Prague 4-Kamyk	PRAGUE, CZECH REPUBLIC
Director	JAMES R. LAVIGNE	5301 CONROY ROAD Suite 140	ORLANDO, FLORIDA 32811

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)(l), 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:

*James R. Lavigne*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-18-01 407316-9988

CR2061 (9/00)