

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2006 OCT -4 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000071564

1. Corporation Name

JAIRUS INVESTORS, INC.

2. Principal Office Address

1543 DEWEY ST.

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

Zip

33020

Country

USA

3. Mailing Office Address

1543 DEWEY ST.

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

Zip

33020

Country

USA

REINSTATEMENT

01-06

4. Date Incorporated or Qualified
To Do Business in Florida 8/12/1998

5. FEI Number
65-0860931

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

JOHN ALVAREZ

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

1543 DEWEY ST.

Suite, Apt. #, Etc.

City

HOLLYWOOD, FL

State
FL

Zip Code
33020

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

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	JOHN ALVAREZ	1543 DEWEY ST.	HOLLYWOOD, FL
			33020
			600080453725 10/04/05--01023--013 **900.00

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

Daytime Phone #

10/6/05

**JAIRUS INVESTORS, INC.
1543 DEWEY STREET
HOLLYWOOD, FL 33020**

September 6, 2006

Department of State
Division of Corporations
Reinstatement Division
P.O. Box 6327
Tallahassee, FL 32314
Attn: Deborah

Re: Reinstatement of Corporation

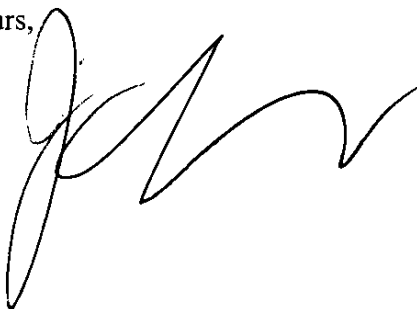
Dear Deborah:

Enclosed is the Corporation Reinstatement form to be filed with the Secretary of State. Since 2001, we have not received any notices related to the Annual Report.

We would appreciate the waiver of reinstatement fees.

Very truly yours,

John Alvarez

A handwritten signature in black ink, appearing to be 'John Alvarez', written over a large, stylized, looped flourish.