2005 FOR PROFIT CORPORATION REINSTATEMENT

? <sub>(3</sub> %

DOCUMENT # P98000093772  1. Entity Name GOD PRESERVED JASMIN FENCING AND LAWN SERVICE, INC.			OSOCT 24 PM 2: 18  SECRETARY OF STATE MALLAMASSEE, FLORIDA		
Principal Place of Business 3033 NW 87TH TERR 770 NW 134 ST MIAMI, FL 33147 MIAMI, FL 33168			MELAINO		
Principal Place of Business     3. Mailing Address				₩₩₩₩₩₩ \$8 \$(50.=0 0/	
Suite, Apt. #, etc. Suite, Apt. #, etc.			10132005 ARENA	R2E098 (6/04)	
City & State	& State City & State		4. FEI Number 65-0884858	Applied For Not Applicable	
Zip Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Curren	6. Name and Address of Current Registered Agent Name		7. Name and Address of New Registe	red Agent	
JASMIN, JULES 3033 NW 87TH TERR MIAMI, FL 33147			Street Address (P.O. Box Number is Not Acceptable)		
		City		Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent.					
SIGNATURE JUDG 4015					
Signature, upped or plifting name of registered ager	and title if applicable. (NOT	FE: Registered Agent signature req	ulred when reinstating)	HATE!	
FÎLE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300	.00		In accordance with s. corporation did not re	607.193(2)(b), F.S., the ceive the prior notice.	
10. OFFICERS AN		11.	ADDITIONS/CHANGES TO OFFICERS		
NAME JASMIN, JULES STREET ADDRESS 3033 NW 87TH TERR CITY-ST-ZIP MIAMI, FL 33147	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this execute this changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Date Date Date Date Date Date Date Date					

B. Mitchell 0CT 2 8 2005

October 10, 2005

To Whom This May Concern,

Every year I always send my form and payment on time. This year you didn't send me the form. I was able to download the form. I send my form and payment on time, however, my form was held some whatever reason. I never knew that till last/month when I received a postcard stating the my form is "intent to dissolve." I didn't have any access to a computer at home and is computer illiterate. When I finally went to the library, the librarian was assisting me but we couldn't figure out what was wrong with the application. I looked for the phone number, but I didn't seem to find it. It wasn't until this week, another librarian found the phone number when I went back to the library to take another glance at my form.

I understand that you did your job by sending me the post card but you never stated the problem in the post card, therefore, I didn't know what to look for. You received my payment and all my information on time, but that ONE signature shouldn't be the reason to charge me so outrageous. I hope you find it in your heart to waive my fee because it would be a misfortune.