APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

P99000014707 **DOCUMENT#**

1. Corporation Name

JUTELCO, INC.

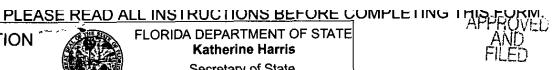
Principal Place of Business

14535 SW 85 STREET MIAMI FL 33183

SIGNATURE:

Mailing Address

14535 SW 85 STREET MIAMI FL 33183



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SECRETARY OF STATE TALLAHASSEE, FLORIDA



l é alsour	addresses are incorrect in any way lies t	hrough incorract	t information and	Lenter correction below					
	incipal Office Address, If Applicable		t information and enter correction below. ailing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 02/15/1999				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. FEI Number Applied For				
City & Sta	te	City & State	e		65 0907			Not Applicable	
Zip	Country	Zip		Country	6. CERTIFICAT	E OF STATUS DESIRED		ditional Fee required ertificate of Status	
7. Names	and Street Addresses of Each Officer a	nd/or Director (F	lorida nonprofit	corporations must list at le	east 3 directors)				
Title(s) Name of Officers and/or Directors			Street Address of Ear Officer and/or Direct						
D	PINA, D J			14535 SW 85 STREET		MIAMI FL 33183			
					7	000034 -11/15/4 ****758	638; 0010 3,75 *:	273 29019 ***758.75	
			REIN	STATEM	ENT_Z	000	M		
8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent			
PINA, D. J 14535 SW 85 STREET MIAMI FL 33183				Street Address	Name D. J. PINA Street Address (P.O. Box Number is Not Acceptable) 14535 S.W. 85 ST Suite, Apt. #, Etc. City MiAmi State Zip Code FL 33183				
10. I, beir Signature Registerer						Date 10/3			
this re owed	y that I am an officer or director or the re instatement application, the reason for di by the corporation have been paid and the application is true and accurate, and my	issolution has be ne names of indi	en eliminated, th viduals listed on	ne corporate name satisfie this form do not qualify fo	es the requirement or an exemption ur	s of section 607.0401 (or 617.0401, I	F.S., that all fees	

NAME OF SIGNING OFFICER OR DIRECTOR