

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/20

APPLICATION FOR REINSTATEMENT

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



DOCUMENT # P99000021523

1. Corporation Name
JUTTA INTERNATIONAL INVESTMENTS, INC.

FILED
 01 OCT 24 PM 2: 22
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address

5015 US HIGHWAY 19 NORTH 5015 US HIGHWAY 19 NORTH
 NEW PORT RICHEY FL 34652 NEW PORT RICHEY FL 34652



2001 UBR

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **03/04/1999**

5. FEI Number **59-3562095** Applied For Not-Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|------------|-------------------------------------|--|---|
| D | SHAIKH, JUTTA | AM TIEFEN BORN 2 | 61184 KARBEN, GERMANY |
| | | | 700004687657--2 -11/19/01--01066--016 ****150.00 ****150.00 |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

~~SHAIKH, JUTTA~~
 5015 US HIGHWAY 19 NORTH
 NEW PORT RICHEY FL 34652

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City State Zip Code
 FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *[Signature]* REGISTERED AGENT MUST SIGN Date **10/20/01**

11. 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)(i), 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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **10/20/01** Daytime Phone #

CR2048 (8/01)

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Jutta International Investment Inc.

5015 US 19, New Port Richey, Florida 34652
Tel.: 727-849-8551; Fax: 727-843-0831

Oct.20, 2001

Florida Department of State
Annual Report, Reinstatement section
P.O.Box 6327
Tallahassee, FL 32314-6327

Re: Annual report

To whom it may concern:

Please be advised that we have received your notice of Administrative Dissolution or Revocation. We are alarmed as we have no record of having received the annual report which is required to be filed. Perhaps it has been received, however we have not been able to locate it and have no recollection of having received it.

We respectfully request that the reinstatement fee be waived. We have enclosed herewith a check in the amount of \$ 150.00 in payment of the annual report fees, in the hopes that the reinstatement fee will be waived.

Please reinstate the active status of the corporation. If there is a problem, please contact me at 727/849-8551.

Thank you so much for your anticipated cooperation in this matter. We will make sure this does not happen again.

Sincerely



Jutta Shaikh