

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 SEP 14 AM 9:34

DOCUMENT # P99000055925

1. Corporation Name

JEGA Corporation

2. Principal Office Address

201 Grandon Blvd.

Suite, Apt. #, etc.

428

City & State

Key Biscayne, FL

Zip

33149

Country

USA

3. Mailing Office Address

3232 N. KENNEDY  
10305 NW 41 STREET

Suite, Apt. #, etc.

#116

City & State

DORAL, FL

Zip

33178

Country

USA

**REINSTATEMENT** 02-06

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

6/21/1999

5. FEI Number

65-0928235

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

MARIA VICTORIA GOMEZ

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

201 Grandon Blvd.

Suite, Apt. #, Etc.

428

City

Key Biscayne

State

FL

Zip Code

33149

300079940953  
09/19/06 01017 024 \$750.00

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

[Signature]

Date 9/8/06

REGISTERED AGENT MUST SIGN

**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
<u>P</u>	<u>MARIA VICTORIA GOMEZ</u>	<u>201 Grandon Blvd., #428</u>	<u>Key Biscayne, FL 33149</u>

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]

- MARIA VICTORIA GOMEZ 9/8/06 (305) 477-2609

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



Accounting & Tax Service, Inc.

2 of 2

September 8, 2006

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: JEGA CORPORATION  
Document no. **P99000055925**  
Annual-Uniform Business Report

Dear Sir or Madam:

Enclosed please find:

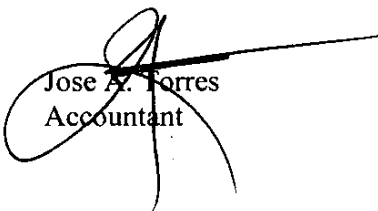
- 1) Corporate Reinstatement - Uniform Business Report (UBR)
- 2) A check payable to the Florida Department of State in the amount of \$758.75 for the annual fees of 2002-2006 and a certificate of status.

I am respectfully requesting abatement of the penalties on the renewal of the corporation for the years mention above. The corporation had move from the previous address (300 Aragon Ave., Ste 300, Coral Gables, FL 33134) and when it was time to file the report did not received the forms.

Please review the above circumstance and abate the penalty of the reinstatement fee. Mrs. Maria Victoria Gomez has made a commitment to make the payment of renewal timely now and in the future, and notify the Division of Corporation of any change that will occur.

We have thank you in advance for your cooperation in this matter and ask, if you need additional information do not hesitate to call or contact us at your earliest convenience.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jose A. Torres', with a long horizontal line extending to the right.  
Jose A. Torres  
Accountant