્ય . હ	Р	LEASE READ A	ALL INST	RUCTIO	ONS I	BEFORE C	OMPLETI	NG THIS FORM.	145.	
7 (1-4	PLICATION FOR				TMEN ne Ha	IT OF STATE rris	J	40	102	
REINSTATEMENT			DIV	DIVISION OF CORPORATIONS			FILED			
DOCUMENT # P99000067956					6			00 0CT 18 AH 10: 10		
1. Corporat										
	ILIENNE I						SEGRETARY OF STATE TAULAHASSEE, FLORIDA			
Principal Place of Business : 2477 LINCOLN AVE MIAMI FL 33133		Mailing Address  2477 LINCOLN AVE  MIAMI FL 33133								
		orrect in any way, line thro ress, If Applicable	rect in any way, line through incorrect information and enter correction below.  SS, If Applicable 3. New Mailing Office Address, If Applicable				Date Incorporated or Qualified     To Do Business in Florida     07/30/1999			
Suite, Apt. #	¥, etc.	ı	Suite, Apt. #, etc.				5. FEI Number	· · · · · ·	Applied For	
City & State		†	City & State			65.0		42647	Not Applicable	
		Country	Zip		Country		CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status			
7. Names a	and Street Addre	sses of Each Officer and/o	r Director (Flor	rida nonprofit	Stre	et Address of Each				
Title(s) 1	(s) and/or Directors			Officer and/or Director				City / State / Zip		
D	BILLAUX, FRANCIS			707 CRANDON BLVD. APT 503			KEY BISCAYNE FL 33149			
D	BILLAUX, NA	DINE	707 CRANDON BLVD. APT 503			BLVD. APT 503	KEY BISCAYNE FL 33149			
						2	2000034479020 -11/02/0001001005 ****150.00 ****150.00			
									SP	
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent Name					
2701	ER, MARCELLI South Baysi	B Stree				Street Address (P	Address (P.O. Box Number is Not Acceptable)			
SUITE	402 NUT GROVE	L 33133				Suite, Apt. #, Etc.	State Zip Code			
10. I, being	appointed the r	istered agent of the above named corporation, am familiar with and accept the ob				oligations of Secti				
Signature of Registered Agent		SIGNATURE REQUIRED REGISTERED AGENT MUST SIGN					Date			
this rein owed by	statement applic	cation, the reason for disso have been paid and the n	r 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 filling ion, 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 ave 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 and accurate, and my signature shall have the same legal effect as if made under oath.							
SIGNAT	rure:	ATURE AND TYPED OR ER	RE R	REQU	JIR ER OR D	RECTOR	. فار	. 16. 6 - 305.  Date Days	<u>298.38</u> 68.	

JERAULIENNE INC 2477 LINCOLN AV 33133 MIAMI FL.

FEI NUMBER: 65.0942647 CORPORATE #: P99000067956.

OCTOBER 16, 2000 -

DEPARTMENT OF STATE DIVISION OF CORPORATION PO-BOX 6327 TALLAHASSEE,FL32314.

TO WHOM IT MAY CONCERN,

MY NAME IS GILBERT HENRIC, AND I WRIT THIS LETTER ON BEHAFT OF MR. FRANCIS BILLAUX PRESIDENT OF JERAULIENNE INC.

MR. FRANCIS BILLAUX, IS A NEW RESIDENT ON THE STATE OF FLORIDA, FRENCH BY NATIONALITY. AT THE PRESENT TIME MR. FRANCIS BILLAUX DO NOT SPEAK AND READ ENGLISH, HE WAS NOT KNOWING AN ANNUAL REPORT FOR THE CORPORATION NEED TO BE FILE EVERY YEAR.

PLEASE FIND ENCLOSED A CHECK FOR THE SUM OF \$ 150.00 FOR THE FOLLOWING CORPORATION JERAULIENNE INC.

I HOPE THAT YOU WILL ACCEPT TO WITHHOLD THE PENALITY FOR THE LATE FILLING, IN THE FUTUR THAT DEFAULT IN PAYMENT WILL NOT BE REPRODUCE.

SINCERELY YOUR.

MR. FRANCIS BILLAUX

PRESIDENT.\_\_\_\_.

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