


FORM 10192

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date 10.16.2000 Daytime Phone # 305.898.8862

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JERAILIENNE INC  
2477 LINCOLN AV  
33133 MIAMI FL.

FEI NUMBER: 65.0942647  
CORPORATE #: P99000067956.

DEPARTMENT OF STATE  
DIVISION OF CORPORATION  
PO-BOX 6327  
TALLAHASSEE, FL 32314.

OCTOBER 16, 2000

TO WHOM IT MAY CONCERN,

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

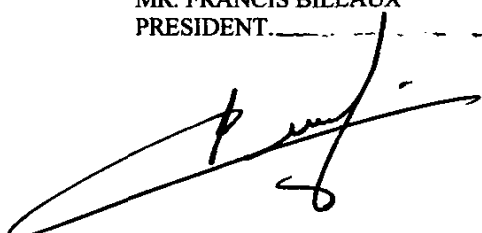
MR. FRANCIS BILLAUX, IS A NEW RESIDENT ON THE STATE OF FLORIDA, FRENCH BY NATIONALITY. AT THE PRESENT TIME MR. FRANCIS BILLAUX DO NOT SPEAK AND READ ENGLISH, HE WAS NOT KNOWING AN ANNUAL REPORT FOR THE CORPORATION NEED TO BE FILE EVERY YEAR.

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

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

SINCERELY YOUR.

MR. FRANCIS BILLAUX  
PRESIDENT.

A handwritten signature in black ink, appearing to be 'Francis Billaux', written over a horizontal line.