

10/2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT -7 PM 1:24

DOCUMENT # P99000068042

1. Corporation Name

Jire Corp

500060500125
10/11/05--01065--006 **150.00

REINSTATEMENT

05

CR2E081 (8/05)

2. Principal Office Address

2135 CORAL Way

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

2135-A

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33145

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7/30/1999

5. FEI Number

65-0942194

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

LINDSAY DUNKLEY

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

2135 CORAL Way

Suite, Apt. #, Etc.

2135-A

City

Miami

State

FL

Zip Code

33145

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

REGISTERED AGENT MUST SIGN

Date

10/5/05

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
P	PIERRE CAZARES	10002 N.W. 5 th LANE	Miami, FL 33172

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 under section 119.07(3)(l), 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:

Pierre Cazares

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/5/05 (305) 821-6232

Date

Daytime Phone #

2 of 2

Jire Corp.
Pierre Cazares, President

October 6, 2005

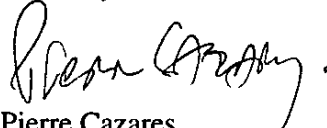
Department of State
Division of Corporation
Tallahassee, Fl. 32314

Dear Agent:

Please note that we never received the first notification from the state for our annual report. Please except our reinstatement together with our fee of \$ 150.00. We are asking to please waive the penalties.

Thank you for your help in this matter.

Sincerely,


Pierre Cazares