

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 MAR 15 AM 8:47

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P99000069245**

1. Corporation Name

JASMINE SERVICES INC.

2. Principal Office Address

5750 MARGATE BLVD;

Suite, Apt. #, etc.

SUITE 101

City & State

MARGATE, FL.

Zip

33063

Country

U.S.A.

3. Mailing Office Address

Same as Principal office

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

8/4/1999

5. FEI Number

65-0939516

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

ABDUL K. DURRANI

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

C/O JASMINE SERVICES, INC, 5750 MARGATE BLVD; Suite 101

Suite, Apt. #, Etc.

SUITE 101

City

MARGATE

State

FL

Zip Code

33063

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]

REGISTERED AGENT MUST SIGN

Date **3/13/01**

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
D	Abdul K Durrani	7920 SHENANDOAH LANE	PARKLAND, FL 33067

REINSTATEMENT

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)(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]

(ABDUL K. DURRANI)

3/13/01

Date

954/968-2800

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR