

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2000-2001

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UBR

Secretary

DIVISION OF CORPORATIONS

DOCUMENT # 9990000087607

1. Corporation Name

J. A. P. INTERNATIONAL INC.

2. Principal Office Address

12211 SW 110 LN

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

Country

33186

DADE

Zip

Country

2000-2001 UBR

4. Date Incorporated or Qualified
To Do Business in Florida

OCT. 5, 1999

5. FEI Number

65-0946824

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

Alfredo Susi

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

Concord Center II

Suite, Apt. #, Etc.

Suite 601 N.E. 191 Street

City

Aventura

State

FL

Zip Code

33180

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

7/19/01

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
PRES	JORGE A. PEREZ	12211 SW 110 LN	MIAMI, FL 33186
SECT	JORGE A. PEREZ	12211 SW 110 LN	MIAMI, FL 33186
TREASURER	JORGE A. PEREZ	12211 SW 110 LN	MIAMI, FL 33186
DIRECTOR	JORGE A. PEREZ	12211 SW 110 LN	MIAMI, FL 33186

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/5/01 305-944-4436

July 5, 2001

Division of Corporations
(805) 488-9000

Att: Mr. Tyrone

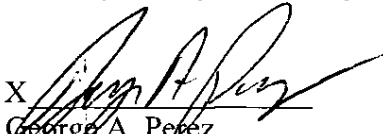
Re: Company Reinstatement
J.A.P. International Inc.
Tax ID # 65-0946824

This is a request to reinstate my company as soon as possible.

I George Perez have not received the year 2000 filling and was not aware of fees incurred.

I would like these fees to be waved and my check enclosed for \$300.00 should accommodate the reinstatement fees and reactivate this Company, J.A.P. International Inc.

I thank you very much for your assistance and concern.

X 
George A. Perez
S.S. # 261-45-9338