PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2000-2001 ENT C

UBR

Secretary
DIVISION OF CORPOR...

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT# P99000087607

1. Corporation Name

J. A. P. INTERNATIONAL INC.

2000-2001 UBR

2. Principal Office Address	3. Mailing Office Address
12211 SW 110 LN	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State
Zip: 33186 Country: DADE	Zip Country

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

200004548292--2
-08/22/01--01025--02
****300.00 ****300.00

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] 7/5/01 305-944-4436

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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