PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.					
APPLICATION  FLORIDA DEL RIVENT OF STATE  attent Harris  coret of State  DIV LA OF LORATIONS				FILED	
DOCUMENT # • P99000105636  1. Corporation Name			00 NOV -6 PM 2: 02		
JSS MARKETING, INC.				SERREBARY OF STATE TALLAHASSEE. FLORIDA	
Principal Place of Business  Mailing Address  Mailing Address  Miss of the second of t					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.  2. New Principal Office Address, If Applicable  3. New Mailing Office Address, If Applicable			4. Date Incorpo	prated or Qualified	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	otc.		ess in Florida 12/01/1999	
City & State	City & State		5. FEI Number Applied For Not Applicable		
Zip Country	Zip Co	ountry	6. CERTIFICATE	OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and	or Director (Florida nonprofit co	rporations must list at lea			
Title(s) Name of Officers and/or Directors 1 2					
D SACKS, JANE S 8008 SW-151-OT:		<del>11-0⊺∷</del>		MIAMI FL <del>33196 -</del>	
	1003	8 145 0	2+	33186	
			50	000034855150 -12/05/0001011003 ****150.00 ****150.00	
		-		LS	
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
Name  Street Address (F  16531 SW 104TH AVE.  MIAMI FL 33157  Suite, Apt. #, Etc  City			P.O. Box Number	is Not Acceptable)	
			Etc.		
			State Zip Code		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  Signature of Registered Agent REGISTERE AGENT/MUST SIGN  Date					
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 filling 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: JONE SSOCKS 11 00 1305) JOHN TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date Date Date Date 387 1268					

2064

## JSS MARKETING INC.

10035 SW 145 COURT Telephone: 305-387-1268

Fax:

305-380-6504

October 31, 2000

Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

## Dear Sir/Madam:

We are in receipt of a notice of Administrative Dissolution. When we contacted your office to find out what this was regarding, we were instructed that this needed to be paid at the beginning of the year. We never received any other notices concerning this issue, but this one of Dissolution. We do apologize, our company is new and not familiar with all the forms, reports, and regulations. This will not happen in the years to come, I can promise you.

Please inform us as to how we can be reinstated, otherwise we have enclosed a check for \$150.00 payable to the Florida Department of State.

Sincerely, Jane S. Sacks

Jane S. Sacks

President

Thank you,