

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 DEC -2 PM 4:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000106786

1. Corporation Name

Jehan, Inc.

6321 N. Orange Blossom Trail
Mount Dora, Florida 32757

2. Principal Office Address

6321 N. Orange Blossom Trail

Suite, Apt. #, etc.

City & State

Mount Dora

Zip

32757

Country

USA

3. Mailing Office Address

Mount Dora, Florida 32757

Suite, Apt. #, etc.

City & State

Same

Zip

Same

Country

Same

000043220380

12/06/04--01062--018 **900.00

8.15

000043220380

12/06/04--01062--017 **900.00

REINSTATEMENT 03-04

4. Date Incorporated or Qualified

To Do Business in Florida 12.09.1999

5. FEI Number

59-3612780

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

Khalid, Rubina

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

300 West Rosewood Lane

Suite, Apt. #, Etc.

City

Taveres

State

FL

Zip Code

32778

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

12/1/04

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	Khalid, Mahmood	300 W. Rosewood Lane	Taveres, FL 32778
VP	Khalid, Rubina	300 W. Rosewood Lane	Taveres, FL 32778

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/01/04

Daytime Phone #

407-331-5505

CR2E081 (01/04)