	PLEASE_READ /	AII INST	RUCTIONS	BEFORE C	OMPLET	ING THIS FO	
			IDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			ILED	
DOCUMENT # S19965 1. Corporation Name					98 NOV 19 AM 9: 19		
JO-KRIS, INC.					SECRETARY OF STATE TALL AHASSEE, FLORIDA		
•	ace of Business ENDALL DR. 3176	Mailing Address P. O. BOX 160463 MIAMI FL 33116-0463 US					
2. New Pri	incipal Office Address, If Applicable	augh incorrect information and enter correction below 3. New Mailing Office Address, If Applicable			Date Incorpor To Do Busin	orated or Qualified less in Florida	12/18/1990
Suite, Apt.		Suite, Apt. #, City & State	etc.		5, FEI Number	65-0233755	Applied For Not Applicable
Zip Country		Zip Country		/	6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Flor Title(s) 1 2			rida nonprofit corporations must list at lea Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Nu			4	City / State / Zip
D	PUERTO, JENNIFER S. 11125 S.S. 95					MIAMI FL	33176
					50	00027(-12/04/3(****758.	D875:56 3-01105-008 .75 ****758.75
	REIN			STATEMENT 98 12-12398			
 -	8. Name and Address of Current R	leaistered Age	nt		9. Name and A	Address of New Regis	stered Agent
SCHFINMAN DAVID M CPA P					O Boy Number	is Not Accordable)	
10691 N KENDALL DR SUITE 210				Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.			
				City State Zip Code FL			
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 NATURE REQUIRED REGISTERED AGENT MUST SIGN							
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for Information on Intangible tax.)							
12. 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 Daylime Phone #							