PLASE DIAD		BEFORE CO	MPLETII	NG THIS FO	RM.	
APPLICATION FOR	LO DA DEPARTME Sar ra B. Mo Secretary of	whom	FI	LED V OF STATE		
DOCUMENT # \$75873			FILED SECRETARY OF STATE VISION OF CORPORATIONS			
DOCUMENT # 5/58/ 1. Corporation Name	3	وا	97 NOV 21	PM 11: 56		
JALAN JALAN, INC.						
Principal Place of Business Mailing Address 1891 W. SUNRISE BLVD. SUNRISE FL 33223 SUNRISE FL 33223						
Mahamada ayan tarah da ayan karan da ayan da a						
If above addresses are incorrect in any way, line throws. New Principal Office Address, if Applicable Suite, Apt. #, etc.	New Mailing Office Address, I Suite, Apt. #, etc.	ing Office Address, If Applicable 4. Date In To Do		corporated or Qualified Business in Florida 08/26/1991		
City & State SUNRISC FL	10143 NW 46 ST City & State SUNRISE FC		5. FEI Number	65-0287020	_	Applied For Not Applicable
Zip 3335/ Coluntry	Zip 3335 / Count			OF STATUS DESIRED		tional Fee required difficate of Status
7. Names and Street Addresses of Each Officer and/	T St	reet Address of Each				
Title(s) 2 and/or Directors PONENS, YUZEVICH	3 (Do NOT U 12801 W SUNR	fficer and/or Director Jse Post Office Box Num ISE BLVD 917	Numbers) 4 City / State / Zip SUNRISE FL			
·						
		4000023568948 -11/25/9701067011 ****165.00 *****165.00				
•						
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent			
YUZEVICH, RONEN 12801 W. SUNRISE BLVD. SUITE #917	Name Street Address (P.O. 4-(-) & Suite, Apt. #, Etc.	にらか Box Number is アルル	GREENE Not Acceptable) 103 AVE		and the state of t	
SUNRISE FL 33323		City SUNKIS			State Zip C	ode
10. I, being appointed the registered agent of the above	vo named corporation, am familiar v			n 607.0505, F.S.	<u> </u>	2.07
Signature of Registered Agont Willer. RE	GISTERED AGENT MUST SIGN		·	Date	11/7/9	7
11. This corporation owes or ha Intangible Personal Propert		ear Yes 🖾 N	No 🗆		her side for Info n intangible tax	
12. I certify that I am an officer or director or the receive this reinstatement application, the reason for dissolowed by the corporation have been paid and the non this application is true and accurate, and my signature.	lution has been eliminated, the corp ames of individuals listed on this fo	orate name satisfies the rm do not qualify for an e	requirements o exemption unde	f section 607.0401 or	617.0401, F.S	., that all fees
SIGNATURE: SIGNATURE AND TYPED OR PRIN	NTEDSTAME DE SHONING OFFICER OR	DIRECTOR		18/97 × 95	54 -740 Daytime Ph	5576

Jalan Jalan, Inc. 10143 NW 46th Street Sunrise, Florida, 33351

November 18, 1997

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Fl 32314

Re: Jalan Jalan, Inc.

Dear Sir or Madam:

Please be advised that we moved in the early part of this year and had the Postmaster properly forward our mail to the new address. We did not receive anything all year from your department until now.

This notice of dissolution has taken us completely by surprise. We are asking for you to accept the fee of \$ 165.00 and to remove any penalties from our account, as this was an error on the part of the Postmaster (a copy of the forwarding address is enclosed for confirmation). There was no intention on our part to avoid paying this fair and necessary fee. Thank you for your consideration in this matter.

Sincerely Yours,

Ronen Yuzevich President