

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State-  
DIVISION OF CORPORATIONS

FILED

02 JAN -7 PM 8:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S99437**

**1. Corporation Name**

JASHAR, INC.

800004880278--1  
-02/05/02--01046--009  
\*\*\*1350.00 \*\*\*1350.00

**2. Principal Office Address**

357-I S McCall Road

Suite, Apt. #, etc.

City & State

Englewood, FL

Zip

34224

Country

US

**3. Mailing Office Address**

3579-I S McCall Road

Suite, Apt. #, etc.

City & State

Engelwood, FL

Zip

34224

Country

US

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

65-0296447

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 97-01**

**7. Name and Address of Current Registered Agent**

Name

Jan M. Jennings.

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

18009 Wing Avenue

Suite, Apt. #, Etc.

City

Port Charlotte

State

FL

Zip Code

33948

**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

12-31-01

**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
P	Jan M. Jennings	18009 Wing Avenue	Port Charlotte, FL 33948
VP	Sharon A. Johnson	6386 Scott Street	Punta Gorda, FL 33950

**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]*

JAN M. JENNINGS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-31-01

Daytime Phone #

(941)  
475-5644