PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING, THIS FORM.		
APPLICATION FOROS REINSTATEMENT	FLORIDA DEPARTMENT OF S DIVISION OF CORPORATIONS	
DOCUMENT # V50005 1. Corporation Name JONAT PROPERTIES, INC		STORLIARY BY STATE MELANIASSER, FLORINA
Malling Address Principal Place of Posiness 3338 JOHIO Showers Nd Ollet F1 34761		
If above addresses are incorrect in any way, line thro 2. New Mailing Address, If Applicable Suite, Apt. #, etc.	sugh incorrect information and enter correction I 3. New Principal Office Address, If Applicable Suite, Apt. #, etc.) DO NOT WHITE IN THIS STAGE
City & State Zip Country	City & State Zip Country	57-5/3295 Not Applicable 6.
7. Names and Street Addresses of Each Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) Title(s)		
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name		
MARUK. Whyhausz 3338 JOHIO SHEKES Rd OLORER FI 34741		of the 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. HEGISTERED AGENT MUST SIGN		
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box additional information.)		
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No F		
13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.		