

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 JUL 13 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V49006

1. Corporation Name
J.E.S. INTERNATIONAL, INC.

Principal Place of Business
**500 MUIRFIELD DRIVE
ATLANTIS, FL 33462**

Mailing Address

REINSTATEMENT 90-98

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 1621 GOLDSPIRE ROAD Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable 1621 GOLDSPIRE ROAD Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 07/06/92
City & State TOMS RIVER, NJ	City & State TOMS RIVER, NJ	5. FEI Number 65-0347580
Zip 08755	Country U.S.A.	Zip 08755
		Country U.S.A.
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	BEATRICE SALOMON	500 MUIRFIELD DRIVE	ATLANTIS, FL 33462
VPMD	EUGENE SALOMON	500 MUIRFIELD DRIVE	ATLANTIS, FL 33462
			100002594601--2 -07/21/98--01098--009 ****458.75 ****458.75
			100002594601--2 07/21/98--01098--010 ****600.00 ****600.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
BEATRICE SALOMON

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

Suite, Apt. #, Etc.

City
ATLANTIS

State
FL

Zip Code
33462

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 *Beatrice Salomon*
REGISTERED AGENT MUST SIGN

Date **X June 15th - 1998**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: *Beatrice Salomon* **BEATRICE SALOMON** X **June 15th - 1998** (732) 914-8222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/96)