

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 26 AM 9:14

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000009028

1. Corporation Name  
JARED MARTIN, INC  
1654 N FEDERAL HWY  
BOCA RATON FL 33432

2. Principal Office Address		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

2234 N FED HWY  
PMB 491  
BOCA RATON FL  
33431 USA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified To Do Business in Florida	1/25/02
5. FEI Number	02 0542655
Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: MARTIN ARONSON

Street Address (P.O. Box Number is Not Acceptable): 11729 Preservation Lane

Suite, Apt. #, Etc.:

City: Boca Raton

500029817565  
03/03/04 State 1054-013 \*\*901.00  
FL 33498

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: Martin Aronson Date: \_\_\_\_\_

REGISTERED AGENT MUST SIGN

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
Pres	MARTIN ARONSON	11729 Preservation Lane	Boca Raton FL 33498
V Pres	LAUREL ARONSON	11729 Preservation Lane	Boca Raton FL 33498

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: Martin Aronson Date: 501 3680444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E01 (01/04)

7