

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 AUG -8 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **904000129464**

1. Corporation Name

JAMMING CORP

REINSTATEMENT 05-06
09/12/05 90006 008 \$150.00
CR2E081 (12/05)

2. Principal Office Address

8028 Harding Ave

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

1

Suite, Apt. #, etc.

City & State

Miami Beach FL

City & State

Zip
33141

Country
US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-1890107

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Norberto Bianchino

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

668 W 31 street

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33012

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date **8/6/2006**

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	Norberto Bianchino	668 w 31 street	Hialeah FL 33012
VP	Claudio Andres	650 72 Street Apt 8	Miami Beach FL 33141
	<i>[Handwritten Signature]</i>		

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 contained in Chapter 119, 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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/2006

Date

Daytime Phone #

NATP MEMBER

MFR & Associates

AICPA MEMBER

ACCOUNTANTS & CONSULTANTS

210 71ST STREET SUITE 313
MIAMI BEACH, FL 33141

TELEPHONE: (305) 864-7706
FACSIMILE: (305) 864-7960

August 7, 2006

FL Dept. of State
FL. Div. of Corp.

RE: Jamming Corp.
Doc. # P04000129464

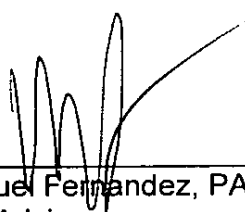
Dear Sir or Madam:

I am writing to you on behalf of Jamming Corp to request a waiver of penalties associated with the reinstatement of this corporation. This request is based on the fact that this entity, our office or their attorney did not receive a preprint form from the State.

We previously sent a check for \$ 150.00 for the year 2005. Copies attached and now we are sending a check for \$ 150.00 for the year 2006. The company has made a good faith effort to meet the state's filing requirements.

I thank you in advance for your help,

Sincerely,



Manuel Fernandez, PA
Tax Advisor