	PLEASE READ A	ALL INSTRUC	TIONS E	BEFORE C	OMPLET	ING THIS FOR	RM.		
1	DR P		ARTMEN erine Har etary of St	ris		FILE	D		
REINSTATEMENT DIVISION OF CORPOR				TIONS	-	00 OCT 24	AM 11:23		
DOCUMENT # F9600003148 - 1. Corporation Name					SECRETARY OF STATE TALLAHASSEE, FLORIDA				
JACOBSON ENTERPRISES, INC.					# 9	000034	55359- 100107401	. -5	
Principal Place of	Business	Mailing Address	Aailing Address			****758	.25 ****758	-	
1350 NE 101ST S MIAMI SHORES FI US		1350 NE 101 STREET MIAMI SHORES FL 33138 US				OTATES			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.						STATEM	$tnl2\alpha$	∞	
2. New Principal C		Mailing Office Address, If Applicable			orated or Qualified ness in Florida	06/20/1996			
Suite, Apt. # etc.	Kell Ave suite 701	Suite, Apt. #, etc.			5. FEI Number		Applied	d For	
City & State	City & State Mua Wil	ite , C			65-0640078		plicable		
Zip 33131	Country A	Zip 33131	19 33131 Country SA			6. CERTIFICATE OF STATUS DESIRED 68.75 Additional Fee required for a Certificate of Status			
	eet Addresses of Each Officer and/o	or Director (Florida nong		ons must list at lea					
Title(s)	Name of Officers and/or Directors	3		er and/or Director		Ci	ty / State / Zip		
PCD JAC	JACOBSON, STEVEN W		1350 BE 101 ST. 600 Brickell Ave, 701		*****	MIAMI SHORES FI	. 33138 . 33131		
Stolo Nick Holges			600 Brickell Ave, 701			miami fl	33131		
D Joe McClaugherty Goo Brid				ell Ave,	701	miami, fl.	33131		
0 Da	wood Rawat	600	600 Brikell Ave, 701			miami, Fl	33131		
AS R	bert Rovin	60	o Brid	cell Ave,	701	Miami, FL	. 33131		
8. Name and Address of Current Registered Agent Name Name						9. Name and Address of New Registered Agent			
JACOBSON, STEVEN W 2255 ARCH CREEK DR N MIAMI FL 33181				Street Address (P.O. Box Number is Not Acceptable), 600 Brickell Ave St. 74 Suite, Apt. # Etc.					
City						Soute +	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.									
Registered Agent SIGNATURE REGISTERED Date 10/03/07									
11. 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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Destine Phone #									