

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JAN -2 PM 3:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000046363

1. Corporation Name

SENTIENT, INC.

2. Principal Office Address

1413 S. HOWARD AVE

Suite, Apt. #, etc.

214

City & State

TAMPA FL

Zip

33606

Country

3. Mailing Office Address

8033 W. SUNSET BLVD

Suite, Apt. #, etc.

842

City & State

LOS ANGELES CA

Zip

90046

Country

REINSTATEMENT 03

4. Date Incorporated or Qualified  
To Do Business in Florida

5/22/1998

5. FEI Number

59-3564890

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

DOUGLAS E JACOBSON

100025940331

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

1413 S HOWARD AVE

01/02/04--01055--016 \*\*758.75

Suite, Apt. #, Etc.

214

City

TAMPA

State

FL

Zip Code

33606

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

*Douglas E Jacobson*  
REGISTERED AGENT MUST SIGN

Date 12/30/03

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
D, P	Ramy El-Batrawi	8033 W. Sunset Blvd # 842	Los Angeles CA 90046
S, T	Douglas E Jacobson	1413 S. Howard Ave # 214	Tampa FL 33629

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:

*Douglas E Jacobson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/03 (818)645-3684  
Date Daytime Phone #

CR2E081 (10-02)