

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 FEB -9 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

SENTIENT, INC.

P98000046363

2. Principal Office Address

806 W DELEON STREET

3. Mailing Office Address

8033 W SUNSET BLVD

Suite, Apt. #, etc.

100

Suite, Apt. #, etc.

842

City & State

TAMPA

City & State

LOS ANGELES

Zip

FL

Country

USA

Zip

CA

Country

90046

REINSTATEMENT 04-05

4. Date Incorporated or Qualified
To Do Business in Florida

05/22/1998

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

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

806 W DELEON STREET

Suite, Apt. #, Etc.

TAMPA

City

FL

200047555242
03/02/05--01007--027 **900 00

200047555242
03/02/05--01007--028 **8.75

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 02/04/2005

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
DP	RAMY EL-BATRAWI	8033 W SUNSET BLVD #842	LOS ANGELES, CA 90046
ST	DOUGLAS E JACOBSON	806 W DELEON ST, #100	TAMPA, FL 33606

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

DOUGLAS E JACOBSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/04/2005

Date

818 645-3684

Daytime Phone #

CR2E081 (01/05)