


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F000000003548 1. Corporation Name Jonathan Drew Inc.			
2. Principal Office Address 68 Say Street Suite, Apt. #, etc. Suite 512a City & State Brooklyn, NY Zip 11201 Country USA		3. Mailing Office Address 68 Say Street Suite, Apt. #, etc. Suite 512a City & State Brooklyn, NY Zip 11201 Country USA	

REINSTATEMENT 2001

4. Date Incorporated or Qualified To Do Business in Florida		6/22/2000	
5. FEI Number		133867883	
		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 Michael HYATT		
Street Address (P.O. Box Number is Not Acceptable) 12962 S.W. 132nd Ave		
Suite, Apt. #, Etc.		
City Miami	State FL	Zip Code 33186

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0603, F.S.	
Signature of Registered Agent 	Date 10/11/01
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	Jonathan Sann	28 W. 88th Apt 3B	NY, NY 10024
VP	Marvin Samuel	26 W. 88th Apt 1B	NY, NY 10024

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****750.00 ****750.00

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:  Jonathan Sann 10/11/01 718-834-0948

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #