PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 OCT 24 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 2000

DOCUMENT # **F96000003148**

1. Corporation Name

JACOBSON ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1350 NE 101ST STREET MIAMI SHORES FL 33138 US	1350 NE 101 STREET MIAMI SHORES FL 33138 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.: 600 Brickell Ave Suite 701	Suite, Apt. #, etc.: 600 Brickell Ave, Suite 701
City & State: Miami, FL	City & State: Miami, FL
Zip: 33131 Country: USA	Zip: 33131 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 06/20/1996

5. FEI Number: 65-0640078 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PCD	JACOBSON, STEVEN W	~~1350 BE 101 ST.~~ 600 Brickell Ave, 701	~~MIAMI SHORES FL 33138~~ Miami, FL. 33131
S/T/D	Nick Hodges	600 Brickell Ave, 701	Miami, FL. 33131
D	Joe McClaugherty	600 Brickell Ave, 701	Miami, FL. 33131
D	Dawood Rawat	600 Brickell Ave, 701	Miami, FL. 33131
AS	Robert Rovin	600 Brickell Ave, 701	Miami, FL. 33131

8. Name and Address of Current Registered Agent

JACOBSON, STEVEN W
2255 ARCH CREEK DR
N MIAMI FL 33181

9. Name and Address of New Registered Agent

Name: Steven W. Jacobson
Street Address (P.O. Box Number is Not Acceptable): 600 Brickell Ave, Suite ~~701~~
Suite, Apt. #, Etc.: ~~Miami FL~~ Suite 701
City: Miami State: FL Zip Code: 33131

CR2E040 (8/00)

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.

Signature of Registered Agent: SIGNATURE REQUIRED Date: 10/23/00
REGISTERED AGENT MUST SIGN

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 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: SIGNATURE REQUIRED 10/23/00 305-530-8601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #