PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN 16 AM 11:08

DOCUMENT # F96000003148

700031853307
06/29/04--01069--003 **150.00

REINSTATEMENT 03-04

1. Corporation Name
Jacobson Enterprises, Inc

2. Principal Office Address	3. Mailing Office Address
777 Brickell Ave	777 Brickell Ave
Suite, Apt. #, etc. 1370	Suite, Apt. #, etc. 1370
City & State Miami, FL	City & State Miami, FL
Zip 33131 Country USA	Zip 33131 Country USA

64/06/04 0009 010 750.00

4. Date Incorporated or Qualified To Do Business in Florida 1/2/96

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. Name and Address of Current Registered Agent

Name: Steve Jacobson

700031853307
04/06/04--01009--010 **750.00

Street Address (P.O. Box Number is Not Acceptable): 777 Brickell Ave

Suite, Apt. #, Etc.: 1370

City: Miami | State: FL | Zip Code: 33131

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 _____ Date June 14, 2004
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
CEO	Steve Jacobson	777 Brickell Ave 1370	Miami FL 33131
VP	Kelma Rawat	400 Alton Rd #907	Miami Beach, FL 33139
COO	Frank Redo	777 Brickell Ave 1370	Miami FL 33131
CFO	Ronald Davis	777 Brickell Ave 1370	Miami FL 33131
chairman	Joe McClourghtry	777 Brickell Ave 1370	Miami FL 33131
VP	Kelly Fulton	777 Brickell Ave 1370	Miami, FL 33131

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: _____ June 14, 2004 305-530-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #