PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 FEB 12 PM 12:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # J50123

1. Corporation Name

Jared Kane Co, Inc.

2. Principal Office Address	3. Mailing Office Address
15 Eighth Street	15 Eighth Street
Suite, Apt. #, etc.: Suite B	Suite, Apt. #, etc.: Suite B
City & State: Bonita Springs, FL	City & State: Bonita Springs, FL
Zip: 34134 Country: USA	Zip: 34134 Country: USA

REINSTATEMENT 00-01

4. Date Incorporated or Qualified To Do Business in Florida: 01/01/87

5. FEI Number: 59-2755034 ☐ 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: Diamond, Laurence J. Ackerman, Link & Sartony

Street Address (P.O. Box Number is Not Acceptable): 222 Lakeview

Suite, Apt. #, Etc.: Suite 2

City: West Palm Beach State: FL Zip Code: 33401

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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: Larry Diamond REGISTERED AGENT MUST SIGN Date: 02/07/01

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
PST	Leif E. Metsch	9432 Peabody Ct.	Boca Raton, FL 33496
VP	Donald A. Sands	The Highlands	Seattle, WA

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.

KE

SIGNATURE: _____ 02/07/01 941-448-7042
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #