

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 JAN 16 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

L69918

1. Corporation Name

Jerk Machine, Inc.
P.O. Box 14035 Ft. Lauderdale, FL 33301

REINSTATEMENT 03-04

700027119387
01/16/04--01065--024 **300.00

2. Principal Office Address

111 NW 2nd Street

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 14035

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale

Zip

33301

Country

Zip

33301

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

04/01/1990

5. FEI Number

65-0194086

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

Michael Jaffee, CPA

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

1601 N. Palm Avenue

Suite, Apt. #, Etc.

309C

City

Pembroke Pines

State
FL

Zip Code
33026

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

[Signature]

Date

9/01/04

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
P	Catherine Malcolm	2280 SW 139th Avenue	Davie, FL 33325
V	Desmond Malcolm	2280 SW 139th Avenue	Davie, FL 33325

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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/1/04

Daytime Phone #

CR2E081 (1/002)

JERK MACHINE

111 NW 2nd Street Ft. Lauderdale, Fl. 33301 - PH: (954)467-8332
Mailing Address: P.O.Box 14035, Ft. Lauderdale, Fl. 33301

January 8, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Re: Jerk Machine, Inc.
EIN #: 65-0194086

Dear Sir:

As per our conversation today, I am enclosing a check in the amount of \$300.00 for the 2003 and 2004 UBR for the above referenced corporation.

Neither the corporation nor any of its representatives received the pre-printed form from the State. As you mentioned, the forms were sent to an old P.O. Box address and inadvertently returned to the State. I have now made the necessary change of address corrections on the enclosed UBR Form.

Thank you in advance for your understanding.

Respectfully,



Catherine Malcolm
Jerk Machine, Inc
(954) 467-8332

Registered mail

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