

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 24 PM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L89434

1. Corporation Name

JAGGED PEAK, INC.

Principal Place of Business

12200 34TH STREET NORTH
SUITE C
CLEARWATER FL 33762-5608
US

Mailing Address

12200 34TH STREET NORTH
SUITE C
CLEARWATER FL 33762-5608
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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/16/1990

5. FEI Number

59-3018794

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)

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|-----------------|--------------------------------------|---|---------------------------|
| SVPS | FABRIZZI, VINCENT J. | 14212 SHEARWATER CT. | CLEARWATER FL |
| SVPO | FURLONG, DANIEL R. | 534 20TH AVE. | INDIAN ROCKS BCH. FL |
| CCEO | DEMIRDJIAN, PAUL | 3518 SADDLE BACK LANE | LUTZ FL 33549 |
| SRVP | DEMIRIDJIAN, PRIMROSE | 3518 SADDLEBACK LANE | LUTZ FL 33549 |
| SRVP | SANGHEZ, EDUARDO | 15900 CHESTERFELD COURT | TAMPA FL 33647 |

8. Name and Address of Current Registered Agent

DEMIRDJIAN, PAUL
2005 EAST FOWLER AVENUE
TAMPA FL 33612

9. Name and Address of New Registered Agent

Name Demirdjian, Paul
Street Address (P.O. Box Number is Not Acceptable)
12200 - 34th St N., Suite C
Suite, Apt. #, Etc. Suite C
City Clearwater
State FL Zip Code 33762

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/21/02

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Paul S. Demirdjian

Date

Daytime Phone #

10/21/02 727-572-8662

October 21, 2002

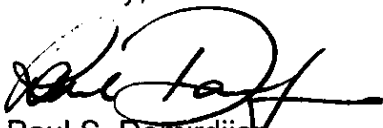
Mr. Jim Smith, Secretary of State
Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee FL 32314

Dear Secretary Smith:

We have received the "Notice of Administrative Dissolution or Revocation" in today's mail. This is the first notice we have received about renewing our corporate annual report with the Department of State.

The address in Block 1 is correct, but we did not get the original notice or the follow-up notice. At this time, we are enclosing a check for the renewal fee of \$150.00 and request that the reinstatement fee be waived. Thank you for your consideration.

Sincerely,



Paul S. Demirdjian
President, CEO



Paul S. Demirdjian
Registered Agent

f/enclosure, as stated.