

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN -2 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000001013

1. Corporation Name

JAZZ EDUCATORS, INC.

Principal Place of Business

~~860 OAK ST.~~
~~FT. MYERS BEACH FL 33931~~

Mailing Address

~~860 OAK ST.~~
~~FT. MYERS BEACH FL 33931~~



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

2. New Principal Office Address, If Applicable

~~11120 BALLWEG~~
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

~~11120 BALLWEG~~
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

02/12/2001

5. FEI Number

65-1067553

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MCCULLOUGH, TRIMBLE	860 OAK ST.	FT. MYERS BEACH FL 33931
D	BATTLE, TRACEY	860 OAK ST.	FT. MYERS BEACH FL 33931
D	HAMILIAN, JAY	860 OAK ST.	FT. MYERS BEACH FL 33931

400009765854
12/31/02--01042--009 **70.00

8. Name and Address of Current Registered Agent

MCCULLOUGH, TRIMBLE
860 OAK ST.
FT. MYERS FL 33931

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Trimble
REGISTERED AGENT MUST SIGN

Date

12/24/02

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:

Trimble
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

239-
590-9390
12/24/02 994 7846

CR2E040 (8/02)

12/23/02

To the Florida Dept. of State

I have Non-Profit Corp under the state of Florida named JAZZ EDUCATORS INC.. I had moved locations in the year 2002 and is most likley the reason I never recieved any notices from the state of FL. regarding reinstaement procedures. Document Number N01000001013 speaks of revocation of this corp. I would like to continue with this corporation and I would like the late fees waived. I am sending a check for ~~\$70.00~~ to cover reinstatement fees and a certificate sent to my new address. This address is a s follows:

\$70.00

Jazz Educators
%Trimble Mccullough
11120 Ballweg Ln.
Fort Myers FL 33908