PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 AUG -5 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000041594

1. Corporation Name
Jamie & Jacob Catering, Inc.

REINSTATEMENT 03-04

2. Principal Office Address	3. Mailing Office Address
9140 BRYANT RD.	P.O. Box 366014
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort myers FL.	City & State: Bonita Springs, Fl.
Zip: 33912 Country: USA	Zip: 34136 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 4/24/2000

5. FEI Number: 59-3642046 ☐ 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: Jamie L. Jacob

700039909867
08/05/04--01056--003 **300.00

Street Address (P.O. Box Number is Not Acceptable): 9140 BRYANT ROAD

Suite, Apt. #, Etc.

City: FORT MYERS State: FL Zip Code: 33912

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: Jamie L. Jacob — REGISTERED AGENT MUST SIGN — Date: 7/15/04

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
President	Jamie L. Jacob	9140 Bryant Road	Fort myers, Fl. 33912

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: Jamie L. Jacob / JAMIE L. JACOB — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 7/15/04 — Daytime Phone #: (239) 433-2226

7/15/04

To whom it may Concern,

Please be aware that I did not receive my renewal form for 2003 or 2004 and I am asking that you waive the late fee's and penalties. I moved and the renewal was not forwarded.

Thank you

Janie S. Jacob