

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 25 PM 12:27

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # **P00000054358****1. Corporation Name****J E J Hannah Enterprises, Inc.****2. Principal Office Address - No P.O. Box #****4010 N.W. 192nd ST**

Suite, Apt. #, etc.

3. Mailing Office Address**4010 N.W. 192nd ST.**

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33055

Country

Zip

33055

Country

**4. Date Incorporated or Qualified
To Do Business in Florida****05/26/2000****5. FEI Number**☒ 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

Jonathan Earl Hannah

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

4010 N.W. 192nd ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33055☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.**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**Jonathan Earl Hannah**
REGISTERED AGENT MUST SIGNDate **4/17/2008****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	Jonathan Earl Hannah	4010 N.W. 192nd ST	Miami, FL, 33055
		B 4/28/08	
		REINSTATEMENT 06-08	
		300125555763	
		04/24/08--01035--012 **58.75	

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 contained in Chapter 119, 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:

Jonathan Earl Hannah**(305) 866-4422**