

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 SEP 17 AM 8:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000094357

**1. Corporation Name**

JAM ENTERTAINMENT, INC.

**2. Principal Office Address**

2020 West Fairbanks Avenue

Suite, Apt. #, etc.

Suite #202

City & State

Winter Park, Florida

Zip

32789

Country

USA

**3. Mailing Office Address**

2020 West Fairbanks Avenue

Suite, Apt. #, etc.

Suite #202

City & State

Winter Park, Florida

Zip

32789

Country

USA

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

**5. FEI Number**

Pending

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

James C. Dauksch III, Esquire

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

126 E. Jefferson Street

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32801

**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

Date

9/6/02

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/D	Jose Menéndez	2020 Fairbanks Avenue, #202	Winter Park, Florida 32789
V/D	Michael Agosto	16941 Woodcrest Way	Clermont, Florida 34711

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-05-02

Daytime Phone #

CR2E081 (9/01)

Jose Mendoza  
2020 West Fairbanks Avenue  
Suite 202  
Winter Park, Florida 32789

September 5, 2002

Office of the Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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-09/19/02--01087--014  
\*\*\*\*\*308.75 \*\*\*\*\*308.75

To Whom It May Concern:

This is to advise you that the undersigned was President of Jam Entertainment, Inc. during the relevant period of time and that the undersigned did not receive the uniform business reports or notices for the purpose of filing fee information for 2001 and 2002. Accordingly, enclosed is an application for reinstatement of Jam Entertainment, Inc., along with a check/money order in the amount of \$308.75.

If you have any questions or need any further information, please let me know.

Sincerely,

A handwritten signature in black ink, appearing to be 'Jose Mendoza', written over a horizontal line.

Jose Mendoza