

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUL -7 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000008665

1. Corporation Name

JEDIE INC.

W09-29147

100157176391
06/15/09--01048--022 **1208.75

REINSTATEMENT 02-09

2. Principal Office Address - No P.O. Box #

1363 N.W. 26 ST.

3. Mailing Office Address

3400 CORALWAY

Suite, Apt. #, etc.

(Suite) Apt. #, etc.

602

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

Country

33142

MIAMI-DADE

Zip

Country

33145

MIAMI-DADE

4. Date Incorporated or Qualified
To Do Business in Florida

01/10/2001

5. FEI Number

65-1073774

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

FRANK PICHEL

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

1363 N.W. 26 ST.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33142

☒ 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

[Signature]

Date 6/12/09

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
<u>PRES</u>	<u>FRANK PICHEL</u>	<u>1363 N.W. 26 ST.</u>	<u>MIAMI, FL 33142</u>

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:

[Signature] FRANK PICHEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/09 305.582.5279

Date

Daytime Phone #

27/14