

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

02 DEC 12 AM 10:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P01000020976

**1. Corporation Name**

JARED MICHAEL HOBGOOD ENTERTAINMENT, INC.

**REINSTATEMENT** 02

700009494987

12/12/02--01124--003 \*\*750.00

**2. Principal Office Address**

1201 THOMPSON ST.

Suite, Apt. #, etc.

**3. Mailing Office Address**

1201 THOMPSON ST.

Suite, Apt. #, etc.

City & State

KEY WEST, FL

City & State

KEY WEST, FL

Zip

33040

Country

USA

Zip

33040

Country

USA

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

02/27/01

**5. FEI Number**

65-1104174

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

JARED MICHAEL HOBGOOD

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

1201 THOMPSON STREET

Suite, Apt. #, Etc.

City

KEY WEST

State

FL

Zip Code

33040

**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

REGISTERED AGENT MUST SIGN

Date

12/5/02

**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
D	JARED MICHAEL HOBGOOD	1201 THOMPSON ST.	KEY WEST, FL 33040

**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

Jared Michael Hobgood

Date

12/5/02

Daytime Phone #

305-294-5163

CR2E081 (9/01)

12/13