

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

**02-03**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 MAY 29 PM 12:24

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P01000049005

1. Corporation Name

JAZZY DANS LA NUIT MUSIC PRODUCTION INC

2. Principal Office Address

P.O. Box 831640

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33283-1640

Country

US

3. Mailing Office Address

P.O. Box 831640

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33283-1640

Country

US

200020048182  
05/28/03--01077--018 \*\*\$300.00

4. Date Incorporated or Qualified  
To Do Business in Florida

5-16-01

5. FEI Number

65-1105566

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

LOUISE BLEASDELL

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

10800 SW 165 ST

Suite, Apt. #, Etc.

City

MIAMI

State  
FL

Zip Code

33157

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

LOUISE BLEASDELL  
REGISTERED AGENT MUST SIGN

Date 5-20-03

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	LOUISE BLEASDELL	10800 SW 165 ST	MIAMI, FL 33157
D	HENRY BRODEN	10800 SW 165 ST	MIAMI, FL 33157

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:

LOUISE BLEASDELL  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-20-03(305)238-1318  
Date Daytime Phone #

CR2E081 (10/02)

21 5/30