

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 28 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000050735

1. Corporation Name

JAKE'S SNACK SHACK, INC.

Principal Place of Business

6270 COOLIDGE ST
HOLLYWOOD FL 33024

Mailing Address

6270 COOLIDGE ST
HOLLYWOOD FL 33024

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/15/2001

5. FEI Number

65-1107652

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	JACOBSON, JOSEPH	6270 COOLIDGE ST	HOLLYWOOD FL 33024

500088639155
10/28/02--01136--019 **150.00

8. Name and Address of Current Registered Agent

JACOBSON, JOSEPH
6270 COOLIDGE ST
HOLLYWOOD FL 33024

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
Joseph Jacobson
REGISTERED AGENT MUST SIGN

Date 10-24-002

11. 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 REQUIRED
Joseph Jacobson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-24-002

CR2E040 (8/02)

Jake's Snack Shack, Inc.
6270 Coolidge Street
Hollywood, FL 33024

October 22, 2002

Division of Corporations
Annual Report/Reinstatement Section
P O Box 6327
Tallahassee, FL 32314-6327

Re: Jake's Snack Shack, Inc.
Document #P01000050735

To Whom It May Concern:

I am in receipt of the Application for Reinstatement. Please be advised that I never received any prior notices for the annual fee. I contacted your office and was advised that I just need to file the attached form and enclose a check for \$150 to be reinstated.

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in cursive script that reads "Joseph Jacobson".

Joseph Jacobson
President