

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/15/2001	
City & State		City & State		5. FEI Number	
Zip		Country		-65-1107-652	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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

9. Name and Address of New Registered Agent

JACOBSON, JOSEPH 6270 COOLIDGE ST HOLLYWOOD FL 33024		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* Date: 10-24-002
 REGISTERED AGENT MUST SIGN

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* Date: 10-24-002
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2040 (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,



Joseph Jacobson
President