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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM: **FILED**

04 APR 22 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01000053743**

1. Corporation Name
Jake's Bar, Inc.

REINSTATEMENT

03-04

2. Principal Office Address 6901 Red Road		3. Mailing Office Address Suite, Apt. #, etc.	
City & State Miami, Florida		City & State	
Zip 33143	Country USA	Zip	Country

4. Date incorporated or Qualified To Do Business in Florida 5/31/2001	
5. FEI Number 65-1111811	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>SEE 607.0505 FOR REQUIRED FILING DATE OF 11/01/01</small>	

7. Name and Address of Current Registered Agent	
Name Karen O Keller	
Street Address (P.O. Box Number is Not Acceptable) 436 SW 8th ST	
Suite, Apt. #, Etc.	
City Miami	State FL
Zip Code 33130	

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05/07/04--01085--009 \$300.00

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 Date **4/21/2004**

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
P	Patrick Gleber	626 S Miami Ave	Miami, FL 33130

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)(f), 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: Patrick Gleber Date **4/21/2004** 305-230-0000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2503 (rev.02)

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TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE REINSTATEMENT REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

PLEASE BE ADVISED THAT FOR ANY REASON WE DID NOT RECEIVE THE ANNUAL REPORT FORM FOR 2003 & 2004. AND PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU FOR YOUR TIME AND CONSIDERATION IN THIS MATTER IN THIS MATTER AND IF YOU SHOULD HAVE ANY FURTHER QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT US.

CORDIALLY,

A handwritten signature in black ink, appearing to read "Patrick Gleber", written over a horizontal line.

PATRICK GLEBER
PRESIDENT