PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 20 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000083954

09/15/03 90149 008 *****35.00

1. Corporation Name
Jaztime Inc

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 20155 ne 38 ct | 20155 NE 38 ct |
| Suite, Apt. #, etc.: 702 | Suite, Apt. #, etc.: 702 |
| City & State: aventura | City & State: Aventura |
| Zip: 33180 Country: US | Zip: 33180 Country: US |

4. Date Incorporated or Qualified to Do Business in Florida: 8/24/01

5. FEI Number: 651131847 ☐ 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: John Zalkin
Street Address (P.O. Box Number is Not Acceptable): 20155 ne 38 ct
Suite, Apt. #, Etc.: 702
City: Aventura
State: FL Zip Code: 33180

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: [signature] REGISTERED AGENT MUST SIGN Date: 3/30/04

CR2E061 (01/04)

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 | John Zalkin | 20155 ne 38 ct #702 | Aventura Fl, 33180 |

REINSTATEMENT 03-04

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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Zalkin

Date: 3/30/04 Daytime Phone #: 305)790-0044