## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT	Secretary NT OF STATE Secretary ODST	SECRETARY OF STATE INS DIVISION OF CORPORA INS 03 MAY 27 AM 9: 10
DOCUMENT # PO1000109723  1. Corporation Name JAZZUP Inc.		ys (m)
2. Principal Office Address 2643 NW 10 S4.	3. Mailing Office Address P. O. BOX 936164	<u></u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & Glate :	City & State	4. Date incorporated or Qualified To Do Business in Florida  // 2//20/
Pomorano Beh Ha.	Margate Fl.	5. FEI Number Applied For Not Applied by Applied For
33669 Browned	33093 Braining	G. CERTIFICATE OF STATUS DESIRED 12 38.75 Additional Fee required for a Certificate of Status
SAME AS DONE 7. Name and Address of Current Registered Agent  Name  JERRY AND BIRSDN  Street Address (P.O. Box Number is Not Acceptable)  2643 NW (057)  Suite, Apt. #, Etc.  City  State  State  Zip Code  FL 233093  8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503, F.S.  Signature of Registered Agent  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 Ear Officer and/or Direct	
PRES JERRY ANDER	SON 2643 MW	10 St. Pompano Beh 71, 35069
V PRS Sevenia Ander	son 2643 Will 1	8 St. Pompano Boh . 71: 33069
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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:  Date  Daytime Phone #		