

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRET  
DIVISION OF CORPORATIONS

06 OCT 30 PM 12:15

DOCUMENT # P03000134030

**1. Corporation Name**

Jason Atkins Enterprises, Inc.

**2. Principal Office Address**

4000 Hollywood Blvd.

Suite, Apt. #, etc.

Suite 435 South

City & State

Hollywood, FL

Zip

33021

Country

USA

**3. Mailing Office Address**

4000 Hollywood Blvd.

Suite, Apt. #, etc.

Suite 435 South

City & State

Hollywood, FL

Zip

33021

Country

USA

**REINSTATEMENT**

05-06

CR2E081 (12/05)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

11/18/03

**5. FEI Number**

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

Mark D. Cohen, Esq.

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

4000 Hollywood Blvd.

Suite, Apt. #, Etc.

Suite 435 South

City

Hollywood

State

FL

Zip Code

33021

**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

Mark D. Cohen

Date 10/11/06

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, T	Jason Atkins	4000 Hollywood Blvd., #435So.	Hollywood, FL 33021
VP, S	Mark D. Cohen	4000 Hollywood Blvd., #435So.	Hollywood, FL 33021

600081614366  
11/08/06--01008--008 \*\*150.00  
600081614366  
11/08/06--01008--008 \*\*150.00

**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 contained in Chapter 119, 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:**

Mark D. Cohen

(954) 962-1166

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**MARK D. COHEN, P.A.**  
**Presidential Circle, Ste. 435 South**  
**4000 Hollywood Boulevard**  
**Hollywood, FL 33021**

**Telephone: (954) 962-1166**

**Facsimile (954) 962-1779**

October 11, 2006

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: Jason Atkins Enterprises, Inc.**

To Whom It May Concern:

Please be advised the above referenced entity never received their Annual Report for year 2005, 2006 and have just become aware of the dissolution due to same.

In that regard, I am enclosing my firm's check, check no. 1615 in the amount of \$150.00 representing the fee for reinstatement. Additionally, enclosed is the completed Annual Report Form.

Thank you for your attention.

Very truly yours,

MARK D. COHEN, P.A.

Mark D. Cohen, Esq.

MDC/jcl  
enclosures