2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000044828

1. Entity Name
JASON 136, INC.

Principal Place of Business	Mailing Address
4565 SW 35 AVE FORT LAUDERDALE, FL 33312	4565 SW 35 AVE FORT LAUDERDALE, FL 33312

FILED

08 OCT 17 AM 9: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2008
[10082008] REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	**4.** FEI Number **20-3130107**	Applied For / Not Applicable
City & State	City & State	**5.** Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JASON, ERIC 4565 SW 35 AVE FORT LAUDERDALE, FL 33312	Name Street Address (P.O. Box Number is Not Acceptable) City _____ FL _____ Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 After January 1, 2009, Fee will be $300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P **NAME** JASON, ERIC **STREET ADDRESS** 4565 SW 35 AVE **CITY-ST-ZIP** FORT LAUDERDALE, FL 33312	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ Addition 500137018215 10/17/08--01037--009 **150.00	
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ Addition	
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY ST ZIP**	☐ Change ☐ Addition	
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ Addition	
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ Addition	
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X _____ ERIC JASON X 10/15/08 (954) 240-5418
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #