

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY 17 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P05000154076**

1. Corporation Name

Jackpot Music Company

2. Principal Office Address - No P.O. Box #

16850-112 Collins Ave

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 506

Suite, Apt. #, etc.

City & State

Sunny Isles, FL

City & State

Zip

33160

Country

USA

Zip

Country

REINSTATEMENT 08-10

700180986927

05/17/10--01056--025 **450.00

CR2E081 (4/10)

4. Date Incorporated or Qualified
To Do Business in Florida

11/21/2005

5. FEI Number

20-3989325

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 **Alain Bramby**

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

16850-112 Collins Ave

Suite, Apt. #, Etc.

Suite 506

City

Sunny Isles, FL

State

FL

Zip Code

33160

PROFIT CORPORATIONS ONLY

☒ The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

5/12/10

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	Joel Augustin	16850-112 Collins Ave #506	Sunny Isles, FL 33160
VP	Alain Bramby	16850-112 Collins Ave #506	Sunny Isles, FL 33160

cc 5/18

10. E-mail Address: **Jackpotmusic777@gmail.com**

(To be used for future annual report notification)

11. 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. I further certify, 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

Date

5/12/10

Daytime Phone #