

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000108234

1. Corporation Name

Jah 18 Enterprises, Inc.

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

62 NE 167th St

Suite, Apt. #, etc.

3. Mailing Office Address

62 NE 167th St

Suite, Apt. #, etc.

City & State

North Miami FL

Zip

33162

Country

USA

City & State

North Miami FL

Zip

33162

Country

USA

200240999292

10/19/12--01024--001 **1000.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

09/26/2007

5. FEI Number

26-1160303

☐ 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

Hitten Brice

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

4411 SW 40th St

Suite, Apt. #, Etc.

City

Hollywood FL

State

FL

Zip Code

33023

200240958362

10/19/12--01023--011 **85.00

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

Hitten Brice

REGISTERED AGENT MUST SIGN

Date 10/18/12

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
President	Hitten Brice	4411 SW 40th St	Hollywood FL 33023
Vice President	Amarie Thebaud	4411 SW 40th St	Hollywood FL 33023

10. E-mail Address: gioubrice@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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Hitten Brice Hitten Brice 10/18/12 (954) 707-2957

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #