

Page 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

12 NOV 29 PM 12:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P08000015367

1. Corporation Name

Jam Management Inc

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

407 Lincoln Rd

Suite, Apt. #, etc.

Suite 2A

City & State

Miami Beach, FL

Zip

33139

Country

Dade

3. Mailing Office Address

407 Lincoln Rd

Suite, Apt. #, etc.

Suite 9A

City & State

Miami Beach

Zip

33139

Country

Dade

CR2F081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

02/11/2008

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

Steven Polisar

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

407 Lincoln Rd Ste 2A

Suite, Apt. #, Etc.

City

Miami Beach,

State

FL

Zip Code

33139

200242234952  
11/29/12--01027--013 \*\*1200.00

100241869481  
11/09/12--01824--004 \*\*1200.00

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

Date 02/11/2008

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
D	James Corpora	407 Lincoln Rd Ste 2A	Miami Beach, FL 33139

REINSTATEMENT

09-12

NOV 29 2012

T. SCOTT

10. E-mail Address: meloangel567@aol.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: *James Corpora*

11/05/2012 305-534-9292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Page 2 of 2

November 6, 2012

Department of State  
Division of Corporation

Ref: Ana Maria Corpora  
9255 Abbott Ave  
Surfside, Fl 33154  
Jam Management Inc  
P11000075469

This letter notifies I dissolve the company Jam Management Inc, voluntary and I have no intention of taking it back for any business purposes.

The name as far as I'm concerned is available for anyone to take.

Thank you in advance,

*Ana Maria Corpora*  
Ana Maria Corpora