

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000011775

1. Corporation Name

Jate Forever, Inc.

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

5717 SW 75th St.

Suite, Apt. #, etc.

3. Mailing Office Address

5717 SW 75th St.

Suite, Apt. #, etc.

City & State

Gainesville FL

City & State

Gainesville, FL

Zip

32608

Country

USA

Zip

32608

Country

USA

7. Name and Address of Current Registered Agent

Name

Terry Weiss

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

5717 SW 75th Street

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32608

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of
Registered Agent

Terry L. Weiss

REGISTERED AGENT MUST SIGN

Date 6-10-08

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
PRES	Terry Weiss	5717 SW 75th St.	Gainesville FL 32608
VP	CHRISTINA WEISS	5717 SW 75th St	GAINESVILLE, FL 32608
Sec	PAUL LONCHAR	5717 SW 75th St	GAINESVILLE, FL 32608

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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 807 or 817, 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 807.0401 or 817.0401, 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:

Terry L. Weiss

6-10-08 352 372-9686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REINSTATEMENT

1996-08

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

2-1-94

5. F.E. Number

38-3233141

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

8075 Addition of Fees Required
by Certificate of Status

☒ The 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.

8/7/08