PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1996 DEC -2 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000014507

1. Corporation Name

JASCO PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
~~444 BRICKELL AVE SUITE 8~~ ~~MIAMI FL 33131~~	~~444 BRICKELL AVE SUITE 800~~ ~~MIAMI FL 33131~~

If above addresses are incorrect in any way, [illegible] incorrect information and enter correct [illegible].

REINSTATEMENT

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.: 323 San Vicente Blvd,Apt 8	Suite, Apt. #, etc.: P O Box 246	02/21/1995
City & State: Santa Monica, CA	City & State: Sarasota FL	5. FEI Number: 65-0561753 ☐ Applied For ☐ Not Applicable
Zip: 90402 Country: U S A	Zip: 34230 Country: U S A	6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D PTS	STALLONE, JACQUELINE	~~444 BRICKELL AVE SUITE 800~~ 323 San Vicente Blvd,Apt 8	~~MIAMI FL 33131~~ Santa Monica CA 90402
			200002020672--6 -12/05/96--01027--004 ****175.00 ****175.00
			500002020675--6 -12/05/96--01027--005 ****200.00 ****200.00

8. Name and Address of Current Registered Agent

~~C-I CORPORATION SYSTEM~~
~~1200 S PINE ISLAND ROAD~~
~~PLANTATION FL 33324~~

9. Name and Address of New Registered Agent

Name: Alan R Shaw
Street Address (P.O. Box Number is Not Acceptable): 4019 78 Drive East
Suite, Apt. #, Etc.:
City: Sarasota State: FL Zip Code: 34238 43

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED Date: 11-11-96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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: Jacqueline Stallone SIGNATURE REQUIRED, Jacqueline Stallone, Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 10-19-96 Daytime Phone #: 310-393-6106

CR2E040 (7/96)