

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 AUG 19 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000068347

1. Corporation Name

JacobDavis Productions, INC

REINSTATEMENT 07-09

000159737950
08/19/09--01037--010 **458.75

CR2E081 (12/08)

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

415 East Pine Street

3. Mailing Office Address

PO Box 617284

Suite, Apt. #, etc.

Suite 1013

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32801

Country

USA

Zip

32861

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1995

5. FEI Number
593335539

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

Gerald Joseph Kivett, JR.

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

415 East Pine Street

Suite, Apt. #, Etc.

Suite 1013

City

Orlando

State

FL

Zip Code

32801

☒ 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. 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

Gerald J. Kivett Jr.
REGISTERED AGENT MUST SIGN

Date August 18, 2009

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	Gerald Joseph Kivett Jr.	415 East Pine Street	Orlando, FL 32801
			28/20

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 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 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:

Gerald J. Kivett Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-18-09

Date

407-342-0752

Daytime Phone #