DEC-11-00 MON 01:34 PM LAZARUS CORPORATION FAX:3052201440 P.01

APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

00 DEC 13 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000025901

REINSTATEMENT 99-00

1. Corporation Name
JACK & JAY'S DESSERTS, INC
8888 S.W 136 St #303
MIAMI FLORIDA. 33176

2. Principal Office Address	3. Mailing Office Address
8888 S.W 136 St MIAMI FLORIDA 33176	8888 S.W 136 St MIAMI FLORIDA 33176
Suite, Apt. #, etc. # 303	Suite, Apt. #, etc. # 303
City & State MIAMI FLORIDA	City & State MIAMI FLORIDA
Zip 33176 Country DADE	Zip 33176 Country DADE

4. Date Incorporated or Qualified To Do Business in Florida 3/18/1996 SP

5. FEI Number 65-0673419 ☐ 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
HERBERT KAPLOW

Street Address (P.O. Box Number is Not Acceptable)
163 N.E 19th AVE

600003505826--0
-12/19/00--01061--005
****908.75 ****908.75

Suite, Apt. #, Etc.
#219

City
N. MIAMI BEACH

State FL Zip Code 33162

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 12/11/2000

REGISTERED AGENT MUST SIGN

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
V.P	JAY ZWERDLING	18900 S.W 33 Rd Ct MIRAMAR, FLORIDA 33029	MIRAMAR FLORIDA 33029
Pres	JACK & TOBY WEINKOFF	19195 MYSTIC POINT DR	AVENTURA FLORIDA 33180

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: _____ 12/11/2000 305-940-0740

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR