

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
00 APR 10 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000029753

1. Corporation Name

J&N JAMS ENTERTAINMENT, INC.

2. Principal Office Address

19000 N.W. 23RD AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33056

Country

U.S.A.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/05/1996

5. FEI Number

65-0627263

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

99-00

7. Name and Address of Current Registered Agent

Name

JOSEPH SMITH

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

19000 N.W. 23RD AVENUE

Suite, Apt. #, Etc.

MIAMI

City

MIAMI

State

FL

Zip Code

33056

500003213465
-04/18/00-0111-019
****908.75 ****908.75

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

Joseph Smith
REGISTERED AGENT MUST SIGN

Date 2/15/00

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, P, S, T	JOSEPH SMITH	19000 N.W. 23RD AVENUE	MIAMI, FLORIDA 33056

LS

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 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:

Joseph Smith
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

PRESIDENT

02/15/00

Date

(305) 621-3139

Daytime Phone #