AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 APR 26 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

192

DOCUMENT # P96000032236

1. Corporation Name

Jaron, Inc.

REINSTATEMENT 06-07 PSC

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
One Post Street	One Post Street
Suite, Apt. #, etc.	Suite, Apt. #, etc. Attn: Glenette E. Babb
City & State San Francisco, CA	City & State San Francisco, CA
Zip 94104 / Country	Zip 94104 / Country

4. Date Incorporated or Qualified To Do Business in Florida: April 12, 2996

5. FEI Number: 65-0662045 ☐ 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: The Prentice-Hall Corporation System, Inc.

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.: Suite 105

City: Tallahassee | State: FL | Zip Code: 32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Troy Todd as its agent
REGISTERED AGENT MUST SIGN

Date: April 26, 2007

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/D	Paul C. Julian	One Post Street	San Francisco, CA 94104
S/D	Willie C. Bogan	One Post Street	San Francisco, CA 94104
T/D	Nicholas A. Loiacono	One Post Street	San Francisco, CA 94104
AS	Glenette E. Babb	One Post Street	San Francisco, CA 94104
AS	Melissa Wu	One Post Street	San Francisco, CA 94104

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: Glenette E. Babb — April 26, 2007 — 415-983-8331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

Florida Department of State

Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

JARON, INC.

Certificate of Status	0
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