

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV -4 PM 6:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000095715**

1. Corporation Name

**JAL MEDIA ENTERPRISES, INC.**

Principal Place of Business

ONE PARK PLACE 621 NW 53RD STREET  
SUITE 370  
BOCA RATON FL 33487

Mailing Address

ONE PARK PLACE 621 NW 53RD STREET  
SUITE 370  
BOCA RATON FL 33487

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

11/18/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1843354

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 3	City / State / Zip 4
D	LICHTENSTEIN, JEFFREY	ONE PARK PLACE 621 NW 53RD STREE	BOCA RATON FL 33487
D	LICHTENSTEIN, PAUL	ONE PARK PLACE 621 NW 53RD STREE	BOCA RATON FL 33487

0000095715

11/04/02--01057--004 \*\*158.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LICHTENSTEIN, JEFFREY  
ONE PARK PLACE 621 NW 53RD STREET  
SUITE 370  
BOCA RATON FL 33487

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Jeffrey Lichtenstein*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

11/3/02

11. 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:

*Jeffrey Lichtenstein*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)

# FLORIDA DESIGN

THE MAGAZINE FOR FINE INTERIOR DESIGN AND FURNISHINGS

October 30, 2002

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Florida Design, Inc. 65-0273425  
Florida Magazine Administrators, Inc. 65-0883909  
Florida Design.com, Inc. 65-0972224  
Luxury Florida Homes, Inc. 65-0207604  
JAL Media Enterprises, Inc. 59-1843354

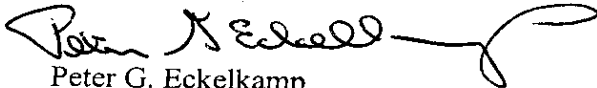
Gentlemen:

I am enclosing Applications for Reinstatement for each of the above named companies together with checks for \$158.50 for each for the fee and Certificate of Status on each one.

We request waivers for the reinstatement fee, do to the fact that we did not receive two prior uniform business report notices.

Thanks you for your assistance in this matter.

Very truly yours,



Peter G. Eckelkamp  
Controller

Florida Design, Inc.  
Florida Magazine Administrators, Inc.  
Luxury Florida Homes, Inc.  
Florida Design.com, Inc.  
JAL Media Enterprises