PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
12 AUG 23 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000001792

1. Corporation Name
JAK ENTERPRISES, INC.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
4261 NW 66th Lane		4261 NW 66th Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Boca Raton, FL		Boca Raton, FL	
Zip	Country	Zip	Country
33496	US	33496	US

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida 1/8/1997

5. FEI Number 651126245 ☐ 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: WEINTRAUB & WEINTRAUB P.A.

Street Address (P.O. Box Number Is Not Acceptable): 2700 N MILITARY TRAIL

Suite, Apt. #, Etc.: SUITE 355

City	State	Zip Code
BOCA RATON	FL	33431

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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 _____ Date 8/7/12
REGISTERED AGENT MUST SIGN

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	JULIO CESAR MORON	4261 NW 66th Lane	Boca Raton, FL 33496
	REINSTATEMENT		
	2002-12		

S. HAWKES
AUG - 2012
EXAMINER

10. E-mail Address: PBW@WEINTRAUBLAWFIRM.COM
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: JULIO CESAR MORON 8/7/12 561-549-1020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #