PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 MAR 12 PM 4:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P97000015064

1. Corporation Name
HOUSE OF JAZZ, INC.

2. Principal Office Address		**3.** Mailing Office Address	
7603 Palomar St.		7603 Palomar St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Ft. Pierce, FL		Ft. Pierce, FL	
Zip: 34951	Country: USA	Zip: 34951	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 02/13/97

5. FEI Number: 65-0737127 ☐ 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: Mary Ann Crebassa

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-03/14/01--01016-019
***1050.00 ***1050.00

Street Address (P.O. Box Number is Not Acceptable): 7603 Palomar St.

Suite, Apt. #, Etc.:

REINSTATEMENT 99.00

City: Ft. Pierce, State: FL Zip Code: 34951

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: Mary Ann Crebassa
REGISTERED AGENT MUST SIGN

Date: 03/08/01

CR2E081 (9/00)

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	Larry Lee, Jr.	2209 S. 25th St.	Ft. Pierce, FL 34950
D/T	Mary A. Crebassa	7603 Palomar St.	Ft. Pierce, FL 34951
D/VP	Stix Nickson	410 Cornwall Ave.	Pt. St. Lucie, FL 34983
D/P	Bettye Jo W. Mayo	894 SE Solaz Ave.	Pt. St. Lucie, FL 34983
S	Gina Dean	1005 Kentucky Ave.	Ft. Pierce, FL 34950
D	Michael James	2637 NE Clareton Terr.	Pt. St. Lucie, FL 34983

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.

Mary Ann Crebassa, Treasurer

SIGNATURE: Mary Ann Crebassa 03/08001 561-466-0917

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