


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<div style="display: flex; align-items: center; justify-content: center;"><div style="text-align: center;"><b>CORPORATION REINSTATEMENT</b></div><div style="text-align: center; margin: 0 10px;"></div><div style="text-align: center;"><b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS</div></div>		<div style="text-align: center;"><b>FILED</b> <b>SECRETARY OF STATE</b> DIVISION OF STATE</div> <div style="text-align: center; margin-top: 10px;">00 NOV 17 PM 2:49</div>
<b>DOCUMENT #</b> <u>P97000050423</u>		
<b>1. Corporation Name</b> <u>JAZ ENTERPRISES, INC.</u>		
<b>2. Principal Office Address</b> <u>1390 SW BELLEVUE AV</u>		<b>3. Mailing Office Address</b> <u>Same</u>
Suite, Apt. #, etc. _____		Suite, Apt. #, etc. _____
City & State <u>PT. ST. LUCIE</u>		City & State _____
Zip <u>34953</u>	Country <u>USA</u>	Zip _____ Country _____
<b>4. Date Incorporated or Qualified To Do Business in Florida</b> <u>JUNE 9, 1997</u>		<b>5. FEI Number</b> <u>65-0159063</u>
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>		Applied For Not Applicable
\$8.75 Additional Fee required for a Certificate of Status		
<b>7. Name and Address of Current Registered Agent</b>		
Name <u>CATHERINE S. ZARRILLI</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>1390 SW BELLEVUE AVE</u>		
Suite, Apt. #, Etc. _____		
City <u>PT. ST. LUCIE</u>		State <u>FL</u>
		Zip Code <u>34953</u>
<b>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.</b>		
Signature of Registered Agent <u>Catherine S. Zarrilli</u>		Date <u>Nov. 11, 2000</u>
REGISTERED AGENT MUST SIGN		
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>		
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director
D.	<u>CATHERINE S. ZARRILLI</u> <u>DIRECTOR</u>	<u>1390 SW BELLEVUE AV</u> <u>PT. ST. LUCIE</u> <u>FL 34953</u>
<u>11/12/11</u>		
<b>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.</b>		
<b>SIGNATURE:</b> <u>Catherine S. Zarrilli</u> <u>CATHERINE S. ZARRILLI</u> <u>11-11-2000</u> <u>(561)</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Date		
Daytime Phone		

CR2E081 (9/99)