PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 98-00

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

FILED
00 APR 14 AM 10: 13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000051318

REINSTATEMENT 98-00

1. Corporation Name

JAM SLAM, INC.

2. Principal Office Address	**3.** Mailing Office Address
600 NE 31 STREET	600 NE 31 STREET
Suite, Apt. #, etc. # A23	Suite, Apt. #, etc. # A23
City & State — MIAMI, FLORIDA	City & State — MIAMI, FLORIDA
Zip 33137 / Country USA	Zip 33137 / Country USA

4. Date Incorporated or Qualified To Do Business in Florida

SP

5. FEI Number 65-0759850 — 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: GARCIA-RIOS, JOSE

300003230163--9
-05/01/00--01003--030
***1050.00 ***1050.00

Street Address (P.O. Box Number is Not Acceptable): 600 NE 31 STREET

Suite, Apt. #, Etc.: # A-23

City: MIAMI — State: FL — Zip Code: 33137

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 3-27-00
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	JOSE GARCIA-RIOS	600 NE 31 STREET, # A-23	MIAMI, FLORIDA 33137
V.P.	RICKY LAZOFF	CALLE CESAR GONZALEZ HATO REY, PUERTO RICO 00918	

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.

SIGNATURE: _____ 3-27-00 (305) 448-0377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Jose Garcia Rios