PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

02 APR -8 PM 3: 18



FLORIDA DEPARTMENT OF STATE

REI	OHO	NT			Secre	erine Harris etary of State DE CORPORATIONS				SECR TALLA	RETAR HASS	Y OF EE. F	STATI LORII	E Da
	UMENT ration Name	JAC 931	97000094 K OF MIZ 1 Dunhii amar, Fi	AMI, IN 11 Driv	7e	025			,					
2. Principal Office Address 9311 Dunhill Drive				3. Mailing Office Address				600005315156: -04/22/0201113017 ****300,00 ****300,0						
Suite, Apt. #, etc.				Suite, Apt. #, etc.										
-				-				•4. Date incom To Do Busi	orated or ness in Fl	Qualified orida				
City & State				City & State				5. FEI Number Applied For						
Miramar, FL								65-07		15		-	Applied F	
Zip Country			Zip		Country		6.			\$8.7	5 Additi	onal Fee re		
33025	·	USA					_	CERTIFICATE	OF STATE	JS DESIRED	fo	r a Certi	ficate of St	tatus
	7. Name and Address of Current Registered Agent Name DERRICK C. JACKSON													
	Street Add						_							
r			ortheast					_						
ļ	Suite, Apt.			•										
i i	City	<u> </u>	<u> </u>				State	Zip Code			_			
	Miam:							FL	331					
8. I, being	appointed the	registere	d agent of the abo	ve named corp	oration, a	m familiar with and acce	pt the obli	gations of section	n 607.050	05 or 617.0	503, F.S.	-		
Signature o Registered		ny	A Jac	GISTERED AC	SENT MU	IST SIGN			Date :	4/4	/02			
9. Names	and Street Ad	dresses d	of Each Officer and	/or Director (Fla	orida non	profit corporations must	ist at leas	t 3 directors)					-	一
Titles			Name of and/or Directors	Street Address of Each Officer and/or Director					City / State / Zip					T
PVD	Derric	k C	. Jackso	n	101	Northeast	Street	Mi	ami,	FL	331	61		
	·													

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 filling this reinstalement 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/02

Daytime Phone #

Mr. Derrick C. Jackson 101 Northeast 146th Street Miami, Florida 33161

April 4, 2002

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

Re: Document No. P97000094366 Jack of Miami, Inc.

To Whom It May Concern:

Please accept this letter as a written request for abatement of the penalty for reinstatement of the above referenced corporation, on the basis that the principal address of the corporation was previously 1622 Northwest 62nd Street, Miami, Florida 33147, which was the address of my prior accountant, who was to have changed the address of the corporation to 9311 Dunhill Drive, Miramar, Florida 33025. Since that accountant had been dismissed by me, the Uniform Business Report was never forwarded to me by him to the new address of 9311 Dunhill Drive, Miramar, Florida 33025.

Unfortunately, since the Uniform Business Report was never forwarded to me, the same was never completed and filed with your office. I have enclosed herewith my postal money order for \$300.00 for the annual fees for both last year and this year for the corporation and, I would appreciate the abatement of the penalty above referenced.

Very truly yours,

DERRICK C. JACKSON