

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

02 DEC 10 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000097951

1. Corporation Name

Jambaw, INC.,

2. Principal Office Address

3347 Songbird Ln

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 2031

Suite, Apt. #, etc.

City & State

Lakeland, FL

Zip

33811

Country

Polk

City & State

Lakeland, FL

Zip

33806

Country

Polk

4. Date Incorporated or Qualified
To Do Business in Florida

November 17, 1997

5. FEI Number

59-3521819

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

Shirley Mae Richards

Street Address (P.O. Box Number is Not Acceptable)

3347 Songbird Ln

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33811

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

Shirley Mae Richards

REGISTERED AGENT MUST SIGN

Date 12/5/02

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
CEO	Shirley Mae Richards	3347 Songbird Ln	Lakeland, FL 33811
Pres	Lloyd George Richards	3347 Songbird Ln	Lakeland, FL 33811

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:

Shirley Mae Richards

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/5/02

Date

863-255-8322

Daytime Phone #

CR2E081 (8/01)

7/12/11

JamCan

P.O. Box 2031
Lakeland, FL 33806-2031
(863) 255-8322

December 5, 2002

Florida Department Of State
Jim Smith
Secretary Of State
Division Of Corporations

Jim Smith

RE: Reinstatement of Profit Corporation

It was brought to my attention a week ago by Averett Septic Tank that my company is no longer active. I had a change of address in 2000 from 3123 Boger Blvd. Lakeland Fl 33803 to 3347 Songbird lane, Lakeland Fl 33811 and I am assuming during that time my mail must have returned to your office.

I am requesting your reinstating my company at the original fee of \$150.00.

I am enclosing reinstating application and a check for \$150.00. Please feel free to call with any questions 863-255-8322.

Thanks for your consideration

Yours truly,

A handwritten signature in black ink, appearing to read 'Shirley Richards', with a large, stylized loop at the end.

Shirley Richards