

APPLICATION  
FOR  
REINSTATEMENT



**Sandra B. Mortham**  
Secretary of State

# DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**JAZZY'S DEXTERITY, INC.**

\* Change of location will be moving.  
during the month of January to new location / Thank you  
If above addresses are incorrect in any way, line through incorrect information and enter correction below.

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
D	REESE, JOANN	800 ALI BABA AVENUE	OPA LOCKA FL 33054
			700002721127--8 -12/23/98--01064--022 *****608.75 *****608.75

**REINSTATEMENT**

B 12/22/98

700002721127--8	
-12/23/98--01064--023	
***150.00	***150.00

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 12/9/98

Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. 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: John Reese **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/9/98 305 687-0375