PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham FOR Secretary of State FILED REINSTATEMENT DIVISION OF CORPORATIONS P97000106888 DOCUMENT # 98 DEC 21 PM 2: 03 1. Corporation Name JAZZY'S DEXTERITY, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 800 ALI BABA AVENUE -ROO-ALL-BARA-AVENITE OPA LOCKA FL 33054 OPA LOCKA FL 33054 Change OF West on Will be Moving to New Cocks If above addresses are incorrect in any way, line through incorrect information and enter correction MOVING Thouleyou 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified
To Do Business in Florida 12/19/1997 5. FEI Number Applied For Not Applicable \$8.75 Additional Fee requirements for a Certificate of State CERTIFICATE OF STATUS DESIRED 5 Mianue Miami 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each City / State / Zip Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(s) D REESE, JOANN 800 ALI BABA AVENUE OPA LOCKA FL 33054 <del>00002721127--</del> -12/23/98--01064--022 \*\*\*\*608.75 \*\*\*\*\*\*\*\* REINSTATEMEN 127 /23/98--01064--023 \*\*\*\*150.00 \*\*\*\*150.00 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent REESE, JOANN Street Address (P.O. Box Number is Not Acceptable) 800 ALI BABA AVENUE OPA LOCKA FL 33054 Suite, Apt. #, Etc. City Zip Code 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Date 11. This corporation owes or has paid the current year (See other side for information on intangible tax.) Intangible Personal Property tax due June 30. Yes No 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 filling 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 the and accurate, and my signature shall have the same legal effect as if made under oath. 9/98 305 687-0375 SIGNATURE: