

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 JAN 21 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 98000084404

1. Corporation Name

JESDAN ENTERTAINMENT, INC

2. Principal Office Address

4630 N. UNIVERSITY DR
Suite, Apt. #, etc.

437

City & State

CORAL SPRINGS, FL.

Zip

33067

Country

BROWARD

3. Mailing Office Address

4630 N. UNIVERSITY DR
Suite, Apt. #, etc.

437

City & State

CORAL SPRINGS, FL.

Zip

33067

Country

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

9-30-1998

5. FEI Number

65 0894611

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ ~~EXPEDITED~~

7. Name and Address of Current Registered Agent

Name

GERARDO A. BERNARD

400003119064-4

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

5210 GODFREY ROAD

Suite, Apt. #, Etc.

02/01/00 01107-010

****300.00 ****300.00

City

CORAL SPRINGS

State

FL

Zip Code

33067

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

Gerardo A. Bernard

REGISTERED AGENT MUST SIGN

Date 1-18-2000

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
C	ROY A. SEIACCA	4630 N. UNIVERSITY DRIVE #437	CORAL SPRINGS FL. 33067
P	GERARDO A. BERNARD	5210 GODFREY ROAD	CORAL SPRINGS FL. 33067

SP

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:

Gerardo A. Bernard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-2000 (954) 227-3786

Date

Daytime Phone #