

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 APR 29 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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04/29/03--01019--015 **1050.00

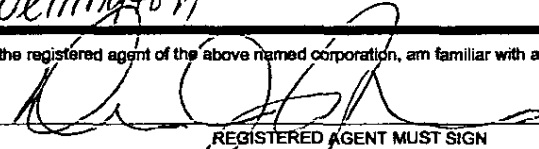
REINSTATEMENT

01-03

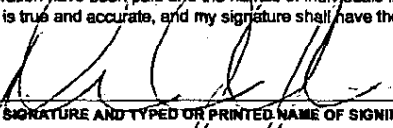
CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000041907			
1. Corporation Name JAKOWS Productions			
2. Principal Office Address 11924 Forest Hill Blvd		3. Mailing Office Address 11924 Forest Hill Blvd	
Suite, Apt. #, etc. 22-229		Suite, Apt. #, etc. 22-229	
City & State Wellington FL		City & State Wellington FL	
Zip 33414	Country USA	Zip 33414	Country USA

4. Date Incorporated or Qualified To Do Business in Florida MAY 7, 1999	
5. FEI Number 65-0927603	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐ \$5.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Denise Jakows	
Street Address (P.O. Box Number is Not Acceptable) 1974 Canterbury Circle	
Suite, Apt. #, Etc.	
City Wellington	State FL
Zip Code 33414	

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 	Date 4/23/03
REGISTERED AGENT MUST SIGN	

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
P	Denise Jakows	1974 Canterbury Circle	Wellington FL 33414

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: 	DATE: 4/23/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DENISE J JAKOWS	
Date	Daytime Phone #

91 4/30