

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P99000065246**

1. Corporation Name

JAGUAR MEDIA INC.

Principal Place of Business

7100 BISCAYNE BLVD
SUITE 301
MIAMI FL 33138

Mailing Address

7100 BISCAYNE BLVD
SUITE 301
MIAMI FL 33138

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

SAME
Suite, Apt. #, etc.
SUITE 306
City & State
SAME

Zip **SAME** Country

3. New Mailing Office Address, If Applicable

SAME
Suite, Apt. #, etc.
SUITE 306
City & State
SAME

Zip **SAME** Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/15/1999

5. FEI Number

65-0951672

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	CEVALLOS, RICARDO	355 19TH STREET #207	MIAMI BEACH FL 33139
			200004765232--4
			-01/10/02--01065--014
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

RICARDO, CEVALLOS
355 19TH STREET
SUITE 207
MIAMI FL 33139

9. Name and Address of New Registered Agent

Name

CEVALLOS, RICARDO

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

359 MERIDIAN AVE, #104

Suite, Apt. #, Etc.

SUITE 104

City

MIAMI BEACH

State

FL

Zip Code

33139

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/17/01

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(786) 402-4840

12/17/01

CR2E040 (8/01)