2005 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A95000000632

1. Entity Name
J.B. DEERWOOD, LTD.

FILED
05 OCT 11 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
501 BRICKELL KEY DRIVE SUITE 103 MIAMI, FL 33131	501 BRICKELL KEY DRIVE SUITE 103 MIAMI, FL 33131

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

10072005 REIN-LP CR2E100 (6/04)

4. FEI Number 65-0578575 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
J.B.E., INC. 501 BRICKELL KEY DRIVE SUITE 103 MIAMI, FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	$225,000.00	10. Amount of Capital Contributions in FLORIDA to date.	$225,000.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	G57136	STREET ADDRESS	
NAME	J.B.E., INC.		
STREET ADDRESS	501 BRICKELL KEY DRIVE STE 103	CITY-ST-ZIP	
CITY-ST-ZIP	MIAMI, FL 33131		
DOCUMENT #		STREET ADDRESS	600060494276
NAME			
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DOCUMENT #		STREET ADDRESS	REINSTATEMENT 2005
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CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: ✓ [signature] Gerard Berger ✓ 10/10/05 ✓305 358 2760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

CSC

CORPORATION SERVICE COMPANY

A95000000632

ACCOUNT NO. : 072100000032

REFERENCE : 644307 4312767

AUTHORIZATION : Patricia Pigott

COST LIMIT : $ 1,026.25

FILED
05 OCT 11 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : October 11, 2005

ORDER TIME : 12:07 PM

ORDER NO. : 644307-005

CUSTOMER NO: 4312767

DOMESTIC FILINGS

NAME: J.B. DEERWOOD, LTD.

BK

RECEIVED
05 OCT 11 PM 1:35
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - Ext# 2955

EXAMINER'S INITIALS _____