PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR 15 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N49294

1. Corporation Name
JAMAICANS OF THE PALM BEACHES INC.

REINSTATEMENT 03-04

2. Principal Office Address	3. Mailing Office Address
408-17TH STREET	408-17th St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
West Palm Beach, FL	W.P.B., FL
Zip 33407 Country Palm Beach	Zip 33407 Country P.B.

4. Date Incorporated or Qualified To Do Business in Florida 06/08/1992

5. FEI Number 650348218 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: HOPETON KENTON

Street Address (P.O. Box Number is Not Acceptable): 4200 LATONA AVE

200403047394 2
03/15/04--01048--014 **61 25

Suite, Apt. #, Etc.:

City: WEST PALM BEACH State: FL Zip Code: 33407

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 3/10/04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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	MARCIA BODDEN	1601-40TH St.	W.P.B., FL 33407
V	MICHAEL CLARK	1508-10TH St.	R.B., FL 33404
S	BEVERLEY CAMERON	708-41ST St.	W.P.B., FL 33407
T.	ANN-MARIE MARCH	4629-Waditaka Way	W.P.B., FL 33417

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: Marcia Bodden 3/10/04 682.0172
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #