PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 APR -6 AM 8:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000033633

1. Corporation Name

JUST LIKE HOME, INC.

REINSTATEMENT 03-06

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
570 HOOD ROAD	570 HOOD ROAD
Suite, Apt. #, etc. SUITE 18	Suite, Apt. #, etc. SUITE 18
City & State MARKHAM, ONTARIO	City & State MARKHAM, ONTARIO
Zip L4J 3R2 Country CANADA	Zip L4J 3R2 Country CANADA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number ☐ 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: JASON WONG

Street Address (P.O. Box Numbers Not Acceptable): 10151 UNIVERSITY BLVD, 500069614575 04/06/06--01014--011 *43.75

Suite, Apt. #, Etc.: SUITE 120

City: ORLANDO State: FL Zip Code: 32875

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: Jason Wong — REGISTERED AGENT MUST SIGN

Date: 3/24/06

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/T/S/D	JOHN SPARROW	570 HOOD ROAD,#18	MARKHAM, ONTARIO L4J 3R2

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 contained in Chapter 119, 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: John Sparrow — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/24/06

Daytime Phone #: 212 561 0762