PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION** , FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P98000046672

1. Corporation Name

JUNE PROJECT I CORP.

Principal Place of Business

Mailing Address

7695 S.W. 104TH STREET. STE. 210 MIAMI FL 33156

7695 S.W. 104TH STREET, STE. 210

MIAMI FL 33156

FILED 01 JAN 25 PM 3: 10

SECRETARY OF STATE
TALLAHASSEE FLORIDA



If above a	addresses are inco	rrect in any way, line thro	ough incorrect in	formation a	nd enter correction below.	REIN	STATEMEN	10001	
	incipal Office Addr		New Mailing Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida  05/26/1998			
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			5. FEI Number		Applied For	1
City & State			City & State			65-1001700 Not App		Not Applicable	
Žip Country			Zip		Country	6. CERTIFICATE	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status		
7. Names	and Street Addres	ses of Each Officer and/	or Director (Flor	ida nonprof	it corporations must list at le	ast 3 directors)			]
Title(s) Name of Officers and/or Directors			3		Street Address of Eac Officer and/or Directo			tate / Zip .	
DP LITTMAN, ERIC P			7695 S.W. 104Th		W. 104TH STREET, STE.	210	MIAMI FL 33156		
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									1
						1	05/16/00 9018	30 001 \$FD	
8. Name and Address of Current Registered Age				nt	Name and Address of New Registered Agent				4_
					Name				(8/00)
LITTMAN, ERIC P					Street Address (P.O. Box Number is Not Acceptable)				CR2F040
7695 S.W. 104TH STREET, STE. 210					Suite, Apt. #, Etc	<u></u>			- 8
MIAMI FL 33156							,		_
					City		Stat.		
10. I, bein	g appointed the re	gistered agent of the abo	ove named corpo	ration, am f	familiar with and accept the	obligations of Sect	ion 607.0505, F.S.		
Signature of Registered Agent REGISTERED AG				ENT MUST	QUIRED		Date		
this rei	nstatement applica	ation, the reason for disse	olution has been	eliminated,	the corporate name satisfies	s the requirements	apter 607 or 617, F.S. I furthe of section 607.0401 or 617.0 der section 119.07(3)(i), F.S.	0401, F.S., that all fees	7

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

