

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

APPLICATION FOR



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

DOCUMENT # P98000095623

1. Corporation Name

CJJ INVESTMENTS CORPORATION

FILED

01 DEC -7 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
888 Brickell Avenue, 888 Brickell Avenue
5th Floor 5th Floor
Miami, Florida 33131 Miami, Fl. 33131

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

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 4. Date Incorporated or Qualified To Do Business in Florida 11/12/98 5. FEI Number 651152730 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

04/23/01 90223 033 1500

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: P/S/T, MARIA VICTORIA DE MURGAS, 888 Brickell Avenue, 5th Flr., Miami, Fl. 33131

8. Name and Address of Current Registered Agent: PEDRO P. SAEZ, 888 Brickell Avenue, 5th Floor, Miami, Fl. 33131. 9. Name and Address of New Registered Agent: [Blank]

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] Date: 11/19/01

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes [] No [] (See other side for information on intangible tax.)

12. 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: Maria Victoria de Murgas 11/19/01 306-358-0228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Maria Victoria de Murgas

CR2E081 (1/2/98)

Application for Employer Identification Number

Page *two*

(Rev. December 1995)

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

Department of the Treasury
Internal Revenue Service

▶ Keep a copy for your records.

OMB No. 1545-0003

1 Name of applicant (Legal name) (See instructions.)
CJ INVESTMENTS CORPORATION

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
87 West McIntyre

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code
Key Biscayne FL 33149

5b City, state, and ZIP code

6 County and state where principal business is located
MIAMI-DADE, FLORIDA

7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) ▶
MARIA VICTORIA DE MURGAS

8a Type of entity (Check only one box.) (See instructions.)

Sole proprietor (SSN)

Partnership

REMIC

State/local government

Other nonprofit organization (specify) ▶

Other (specify) ▶ **CORPORATION**

Estate (SSN of decedent)

Plan administrator-SSN

Other corporation (specify) ▶

Trust

Federal Government/military

Farmers' cooperative

Church or church-controlled organization

(enter GEN if applicable)

8b If a corporation, name the state or foreign country (if applicable) where incorporated **FLA.** State **FLA.** Foreign country

9 Reason for applying (Check only one box.)

Started new business (specify) ▶ **Real Estate Investments**

Hired employees

Created a pension plan (specify type) ▶

Banking purpose (specify) ▶

Changed type of organization (specify) ▶

Purchased going business

Created a trust (specify) ▶

Other (specify) ▶

10 Date business started or acquired (Mo., day, year) (See instructions.) **10/28/98**

11 Closing month of accounting year (See instructions.) **DECEMBER**

12 First date wages or annuities were paid or will be paid (Mo., day, year). **Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year)** **UNDETERMINED**

13 Highest number of employees expected in the next 12 months. **Note: If the applicant does not expect to have any employees during the period, enter -0-.** (See instructions.)

Nonagricultural **-1-** Agricultural **-0-** Household **-0-**

14 Principal activity (See instructions.) ▶ **REAL ESTATE INVESTMENTS**

15 Is the principal business activity manufacturing? Yes No

If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check the appropriate box.

Public (retail) Other (specify) ▶ Business (wholesale) N/A

17a Has the applicant ever applied for an identification number for this or any other business? Yes No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ▶ **N/A** Trade name ▶ **N/A**

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (Mo., day, year) **N/A** City and state where filed **N/A** Previous EIN **N/A**

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

CJ INVESTMENTS CORPORATION
Maria Victoria de Murgas
Name and title (Please type or print clearly.) ▶ **President**

Business telephone number (include area code)

Fax telephone number (include area code)

Signature ▶ **Maria Victoria de Murgas** Date ▶ **1/18/99**

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying
----------------------	------	------	-------	------	---------------------