

11-01-01 16:44 From-DREIER BARITZ COLMAN

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T-838 P.02/02 F-513

FOR RA ONLY

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV -8 PM 4:37

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P98000100788

1. Corporation Name

JHP REALTY, INC.

2. Principal Office Address

751 Park of Commerce Drive

3. Mailing Office Address

Same As #2

Suite, Apt. #, etc.

Suite 128

Suite, Apt. #, etc.

City & State

Boca Raton, Florida

City & State

Zip

33487

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/03/98

5. FEI Number

65-0892275

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

3875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Nancy B. Colman, Esq.

Street Address (P.O. Box Number is Not Acceptable)

DREIER BARITZ & COLMAN

Suite, Apt. #, Etc.

150 East Palmetto Park Road, Suite 750

City

Boca Raton, Florida

State

FL

Zip Code

33432

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0606 or 617.0603, F.S.

Signature of
Registered Agent

Nancy B. Colman

Date 11/5/01

REGISTERED AGENT MUST SIGN

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, D	Martin Pechter	751 Park of Commerce Drive Suite 128	Boca Raton, FL 334
VP, S	Jeffrey Pechter	751 Park of Commerce Drive	Boca Raton, FL 334
T, D		Suite 128	

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 118.07(3)(b), 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:

[Signature]
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/2/01
Date

Daytime Phone #