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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 JUN 25 AM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F01000005777

1. Corporation Name: JMB HOLDINGS, INC.

Note: Suite 2910

REINSTATEMENT 03-04

2. Principal Office Address	3. Mailing Office Address
21205 Yacht Club Drive	21205 Yacht Club Drive
Suite, Apt. #, etc.: Suite 2910 *	Suite, Apt. #, etc.: Suite 2910 *
City & State: Aventura, FL	City & State: Aventura, FL
Zip: 33180 Country: USA. DADE	Zip: 33180 Country: USA DADE

4. Date Incorporated or Qualified To Do Business in Florida: 11/6/01

5. FEI Number: 223758602 — Applied For / Not Applicable

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

TR

7. Name and Address of Current Registered Agent

Name: BESCHEL, BARRY

100038283231
06/25/04--01051--002 **30.00

Street Address (P.O. Box Number is Not Acceptable): 21205 Yacht Club Drive

Suite, Apt. #, Etc.: Suite 2910

City: AventuRA — State: FL — Zip Code: 33180

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: [signature] — REGISTERED AGENT MUST SIGN — Date: 6/21/04

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
PD	BESCHEL, BARRY	21205 Yacht Club Dr	Aventura, Fl 33180
VD	RAMETRA, MONISH K	69 MACE Drive	Commack, NY 11725

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: [signature] BARRY J. BESCHEL PD 6/21/04 305-986-2888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PS 2982

21205 Yacht Club Drive
Suite 2910
Aventura, FL 33180

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: JMB Holdings, Inc. ID# 22-3758602

Dear Sirs:

Enclosed find payment for 2003 and 2004 Annual Report.

I respectfully request that the $600 reinstatement fee be waived because we never received the pre-printed forms. The address is not complete. Suite #2910 must be included in address. Because of this omission, I never received the pre-printed annual report form.

Thank you.

Sincerely,

Barry J. Beschel
JMB Holdings, Inc.