F17000003509

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F17000003509

1. Corporation Name
JR INNOVATIONS INC.

200369377852

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5009 N SHERIDAN ROAD	5009 N SHERIDAN ROAD
Suite, Apt. #, etc. APT 303	Suite, Apt. #, etc. APT 303
City & State CHICAGO, IL	City & State CHICAGO, IL
Zip 60640 / Country USA	Zip 60640 / Country USA

4. Date Incorporated or Qualified To Do Business in Florida 08/04/2017

5. FEI Number 82-0953113 ☐ 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: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET

Suite, Apt. #, Etc.

City: TALLAHASSEE | State: FL | Zip Code: 32301-2525

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 _____ Date 7/2/21

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
C/P/S	JAMES KORNACKI	5009 N SHERIDAN ROAD, APT 303	CHICAGO, IL 60640

JUL 2021

10. E-mail Address: mgalo@schiffhardin.com
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: James Kornacki 6/3/21 703 801 5124

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

FILE 1st

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

2021 JUL -2 AM 11:52

ACCOUNT NO. : I20000000195

REFERENCE : 845872 4321040

AUTHORIZATION : [signature]

COST LIMIT : ~~$ 800.00~~ 1200

ORDER DATE : June 4, 2021

ORDER TIME : 9:49 AM

ORDER NO. : 845872-005

CUSTOMER NO: 4321040

REINSTATEMENT

NAME: JR INNOVATIONS, INC.

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker ext 61594

EXAMINER'S INITIALS _____