PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

1996 DEC 31 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # F55599

1 Corporation Name

CJP I, Inc.

Mailing Address	Principal Place of Business
Sage Plaza 800 E Wellandale Blvd #28 Hallandale, FL. 33009	Sage Plaza 800 E Wellandale Blvd. #28 Hallandale, FL. 33009

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

DO NOT WRITE IN THIS SPACE

2 New Mailing Address, If Applicable	3 New Principal Office Address, If Applicable
11348 N.W. 15th Court	113348 N.W. 15th Court
Suite Apt # etc Villa Lakes	Suite, Apt. #, etc Villa Lakes
City & State Pembroke Pines, FL	City & State Pembroke Pines, FL
Zip 33026 / Country USA	Zip 33026 / Country USA

4 Date Incorporated or Qualified To Do Business in Florida: 11/13/81

5 FEI Number: 59-2139900 ☐ Applied For ☐ Not Applicable

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

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City State Zip 4
Dir P/S/T	Wylie Sacks	Villa Lakes 11348 N.W. 15th Court	Pembroke Pines, FL 33026

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-01/07/97--01144--021
****575.00 ****575.00

REINSTATEMENT

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Carole Sacks 3510 N 55th Avenue Hollywood, FL 33021	Name: Wylie Sacks Street Address (P.O. Box Number is Not Acceptable): Villa Lakes, 11348 N.W. 15th Court Suite, Apt. #, Etc. City: Pembroke Pines / State: FL / Zip Code: 33026

CR2E040 (6/94)

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: Wylie Sacks — REGISTERED AGENT MUST SIGN — Date: 12/11/96

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

13 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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: Wylie Sacks, President — 12/11/96 — 305/788-2750

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