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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JUN 14 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G99649

1. Corporation Name

John GRA Properties, Inc.

REINSTATEMENT Effective Date 6-13-2006

2. Principal Office Address	3. Mailing Office Address
3285. N.W.211 STREET	3285. N.W.211 STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Miami, FL	Miami, FL
Zip 33056 County USA	Zip 33056 County USA

4. Date Incorporated or Qualified To Do Business in Florida 3/14/1984

5. FEI Number 592383282 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Freddie Graham

Street Address (P.O. Box Number is Not Acceptable):
3285. N.W.211 STREET

Suite, Apt. #, Etc.

City: Miami, FL State: FL Zip Code: 33056

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0305, F.S.

Signature of Registered Agent: X Freddie Graham Date: 5/19/06
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
PDT	Anderson Williams	18861 NW 17th Ave.	Miami, FL 33056
SDV	Freddie Graham	3285. N.W.211 STREET	Miami, FL 33056

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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 contained in Chapter 119, 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: X Freddie Graham 5/19/06 305-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B. Mitchell JUN 15 2006