PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 JUN -5 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H18034

1. Corporation Name
JAFFE DESIGN ASSOCIATES, INC.

500005866235--9
-06/19/02--01072--008
****300.00 ****300.00

2. Principal Office Address	3. Mailing Office Address
7522 WILES RD	7522 WILES RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE 101	SUITE 101
City & State	City & State
CORAL SPRINGS, FL.	CORAL SPRINGS, FL.
Zip / Country	Zip / Country
33067 / US	33067 / US

4. Date Incorporated or Qualified To Do Business in Florida: 9/13/84

5. FEI Number: 59-2442652 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: DONNA McCANN-BERKENSTEIN, ESQ
Street Address (P.O. Box Number is Not Acceptable): 7522 WILES RD
Suite, Apt. #, Etc.: SUITE 102
City: CORAL SPRINGS, State: FL Zip Code: 33067

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: 6/13/02
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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
PVT	MARLA JAFFE NASSAU	4822 NW 99 LA	CORAL SPGS, FL 33076
S	MRS. MORTON JAFFE	1400 ST CHARLES PL #205 CYPRESS BLDG	PEMBROKE PINES FL. 33029

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: MARLA JAFFE NASSAU, PRES. 6/13/02 954-346-8558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

pd 6/14/02