PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 MAR 27 PM 12:27

CORPORATION REINSTATEMENT

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

DOCUMENT # K75916

1. Corporation Name: JOHNCA INC.

REINSTATEMENT 90-02

2. Principal Office Address: 2460 SW 28TH LANE
Suite, Apt. #, etc.: —
City & State: MIAMI
Zip: 33133 Country: U.S.

3. Mailing Office Address: SAME
Suite, Apt. #, etc.: —
City & State: FL.
Zip: — County: —

4. Date Incorporated or Qualified To Do Business in Florida: 5-22-89

5. FEI Number: 65-0117783 Applied For ☐ Not Applicable ☒

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: PETER H. LEVITT P.A.
Street Address (P.O. Box Number is Not Acceptable): 2601 S. BAYSHORE
Suite, Apt. #, Etc.: Suite 1600
City: MIAMI State: FL Zip Code: 33133

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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: Peter H. Levitt, Adorno Zeder, P.A., 2601 S. Bayshore Date: 3/26/02
REGISTERED AGENT MUST SIGN Suite, Miami FL

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	JOHN M. CIUS	2460 S.W. 28TH LANE	MIAMI FL 33133

10. I certify that I am an officer or director of the reporter 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 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: John M. Cius 03-26-02 (305) 856-0989
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #