

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2003 NOV 17 AM 10:15

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOCUMENT # L02000027162

1. Corporation Name

JORJE Investments, LLC

2. Principal Office Address

6122 Washington St  
Suite, Apt. #, etc. Ø

City & State

Hollywood FL

Zip 33023 Country U.S.A.

3. Mailing Office Address

P.O. Box 4486  
Suite, Apt. #, etc. Ø

City & State

Hollywood FL

Zip 33023 Country U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

10/27/03 0056 024 \$150.00  
October 14, 2003

5. FEI Number

03-0487334

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

Quality Management & Investment Corp

Street Address (P.O. Box Number is Not Acceptable)

P.O. Box 4486 6122 Washington Street

Suite, Apt. #, Etc.

# 4

City

Hollywood

State

FL

Zip Code

33023

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 11/14/03

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
<u>MGR</u>	<u>Lee, Anthony F.</u>	<u>6122 Washington St</u>	<u>Hollywood FL 33023</u>

**REINSTATEMENT 2003**

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:

[Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/14/03 904-668-2337

Date

Daytime Phone #

CFR2081 (10/02)