PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAR -5 PM 1:27

DOCUMENT # L05000073612

1. Limited Liability Company's Name

JURNAL REALTY L.L.C.

W08000005452

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
80 RAFFLES PLACE # 37-01		5805 BLUE LAGOON DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
UOB PLAZA 1		200	
City & State		City & State	
SINGAPORE		MIAMI, FL	
Zip	Country	Zip	Country
048624	SINGAPORE	33126	USA

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 07/26/2005

6. FEI Number: 98-0475110 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: AG CORPORATE SERVICES, LLC

Street Address (P.O. Box Number is Not Acceptable): 5805 BLUE LAGOON DR

Suite, Apt. #, Etc.: STE 200

City: MIAMI, State: FL Zip Code: 33126

☑ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____ Date 01/10/2008

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	HERMAN JAN PIETER KRUL	CH.DU CERISIER 8,CH-1246	CORSIER, SWITZERLAND
		200011633B052 03/21/08--01008--026 **177.50	
		200011633B052 01/29/08--01020--006 **238.75	
		REINSTATEMENT w/o 4-08	

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of Managing Member/Manager _____ Date 02/21/08 Daytime Phone # 305-448-3898

Typed or printed name of signing Managing Member/Manager HERMAN JAN PIETER KRUL