

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 SEP 12 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M 34493

1. Corporation Name **INC.**
THE JONSON GROUP REALTY AND MANAGEMENT

2. Principal Office Address
175 Fontainebleau Blvd 1-D

Suite, Apt. #, etc.
1-D

City & State
MIAMI, FLORIDA

Zip Country
33172 U.S.A

3. Mailing Office Address
175 Fontainebleau Blvd

Suite, Apt. #, etc.
1-D

City & State
MIAMI, FLORIDA

Zip Country
33172 U.S.A

REINSTATEMENT 03-06

4. Date Incorporated or Qualified To Do Business in Florida **6-30-86**

5. FEI Number **59-2722127** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED **\$875 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name **ANTHONY GRIMALDI**
Street Address (P.O. Box Number is Not Acceptable) **10297 NW 57 TERRACE**
Suite, Apt. #, Etc.
City **MIAMI**

State Zip Code
FL 33178

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 **Anthony Grimaldi** Date **9-11-06**
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 |
|------------|-----------------------------------|--|-----------------------------|
| D | ANTHONY GRIMALDI | 10297 NW 57 TERRACE | MIAMI, FLORIDA 33178 |
| P/S | RUPDAI NINA GRIMALDI | 10297 NW 57 TERRACE | MIAMI, FLORIDA 33178 |
| | | | |
| | | | |
| | | | |

000079863340
09/15/06--01017--010 **500.00

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.

K. Eckel SEP 12 2006

SIGNATURE: **Rupda N. Grimaldi - RUPDAI NINA GRIMALDI** Date **9-11-06** Daytime Phone # **305-226-5260**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)

2/2

September 11th 2006

Florida Department of State
Re-Instatement Division
Division of Corporations
409 East Gaines Street
Tallahassee, Fla 32399

Dear Sus,

Ref: Doc# M34493 FEI 59-2722127

Enclosed please find check NO. 1179 for \$600.00
for re-instating the referenced Corporation.
Can you please waive the re-instatement fees
since the notices were not received for the
prior years.

Your kind and prompt attention will be
greatly appreciated.

Thank you.

Sincerely,
Rupdal Uma Grimaldi
10297 NW 57 Terrace,
MIAMI, FLORIDA 33178
305.226-5260.