

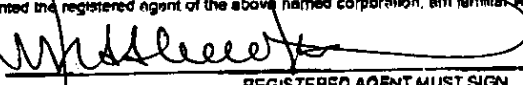
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M45019			
1. Corporation Name ZBJE CORPORATION, Inc			
2. Principal Office Address 6470 SW 62 Ave.		3. Mailing Office Address 6470 SW 62 Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL 33143		City & State Miami, FL 33143	
Zip 33143	Country Mia. Dade	Zip 33143	Country Mia. Dade
4. Date Incorporated or Qualified To Do Business in Florida Jan 20, '87		5. FEI Number 59-2365622	
6. CERTIFICATE OF STATUS DESIRED ☒		Applied For ☐ Not Applicable ☐	
600018568676 05/08/03--01065--023 **1350.00		600018568676 05/08/03--01065--022 **141.25	

FILED
03 APR 29 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7. Name and Address of Current Registered Agent		
Name Joseph Middlebrooks		
Street Address (P.O. Box Number is Not Acceptable) 9010 SW 140 ST		
Suite, Apt. #, Etc.		
City MIAMI, FL	State FL	Zip Code 33146

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0603, F.S.

Signature of
Registered AgentDate **Jan 17, 2003**

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
	Joseph Middlebrooks	9010 SW 140 ST	9010 SW 140 ST, MIAMI, FL 33176
S	"	"	MIAMI, FL 33176
T	"	"	"

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)(c), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 17, 2003
Date

Daytime Phone #

305-661-7590

2-BJE CORPORATION

**6470 S.W. 62ND AVENUE
MIAMI, FLORIDA 33143
PH.: 305-661-7594
FAX: 305-661-8202**

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

RE: Document Number M45019
~~FEL-Number 59-2765622~~
Corporation Reinstatement

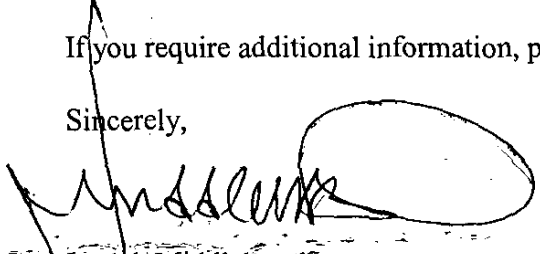
PLEASE RUSH

Dear Sir/Madame:

Please find attached the above referenced corporation reinstatement and check number 2404 in the amount of \$8.75 for a "certificate of status" and check number 2405 in the amount of \$1,350.00 for the reinstatement fee. Also attached, please find a Federal Express airbill for your use when returning/**RUSHING** the requested documents.

If you require additional information, please do not hesitate to contact me at 305-661-7594.

Sincerely,



Joseph Middlebrooks
~~President~~

2-BJE Corporation, Inc.