PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

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

600018568676
05/08/03--01065--023 **1350.00

600018568676
05/08/03--01065--022 **141.25

DOCUMENT # M45019

1. Corporation Name

2BJE CORPORATION, Inc

2. Principal Office Address	3. Mailing Office Address
6470 SW 62 Ave.	6470 SW 62 AVE.
Suite, Apt. #, etc. —	Suite, Apt. #, etc.
City & State: Miami, Fl	City & State: Miami, Fl
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: 59-2565622 ☐ 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: 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: 33176

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] Date: Jan 17, 2003

REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
P/D	Joseph Middlebrooks	9010 SW 140 ST	9010 SW 140 ST. MIAMI, FL 33176
V	"	"	MIAMI, FL 33176
T	"	"	"
			600018568676 05/08/03--01065--024 **8.75

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] Jan 17, 2003 305-661-7559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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
FEI 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.