PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 FEB 15 AM 9:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N96000004647

1. Corporation Name
PRESERVE THE JUNGLE, INC.

2. Principal Office Address	3. Mailing Office Address
2601 S. BAYSHORE DRIVE	
Suite, Apt. #, etc. SUITE 1146	Suite, Apt. #, etc. SAME
City & State MIAMI, FL	City & State
Zip 33133 Country USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 9-9-1996

5. FEI Number 65-0695877 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Annual Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name GARY C. MATZNER

200003746422--7
-02/21/01--01123--006
****297.50 ****297.50

Street Address (P.O. Box Number is Not Acceptable) 2601 S. BAYSHORE DRIVE

Suite, Apt. #, Etc. SUITE 1146

City MIAMI State FL Zip Code 33133

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 _____ Date 2-12-2001
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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	GARY C. MATZNER	5880 SW 97 STREET	PINECREST, FL 33156
D	NATALIE LEMOS	9950 SW 73 AVENUE	PINECREST, FL 33156
D	ROBERT GLOWACKI	7291 SW 117 TERR.	PINECREST, FL 33156

REINSTATEMENT 2000

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: _____ 2-12-2001 305-250-4660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #