


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P00000006218

1. Corporation Name

**B.J.A. REAL ESTATE HOLDINGS, INC.**

Principal Place of Business

1230 NW 7 ST  
MIAMI FL 33125

Mailing Address

1230 NW 7 ST  
MIAMI FL 33125

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/20/2000

5. FEI Number

☒ Applied For  
☐ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SMITH, GARY V	1230 NW 7 ST	MIAMI FL 33125
VP	ALAN SMITH	1230 NW 7 SE	MIAMI FL 33125

300004744983--7  
--12/31/01--01048--022  
\*\*\*\*150.00\*\*\*\*150.00

8. Name and Address of Current Registered Agent

SMITH, GARY V  
1230 NW 7 ST  
MIAMI FL 33125

9. Name and Address of New Registered Agent

Name **PAUL GOSSIN**  
Street Address (P.O. Box Number is Not Acceptable)  
**6065 S.W. 107 ST**  
Suite, Apt. #, Etc.  
**MIAMI**  
City **MIAMI** State **FL** Zip Code **33156**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

11. 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 REQUIRED**  
**ALAN M. SMITH V.P.**

Date

Daytime Phone #

11-15-01

305-745-6246

BJA REAL ESTATE HOLDINGS, INC.


Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

November 15, 2001

Dear Sir,

Our office has received a Notice of Administrative Dissolution or Revocation. Upon careful review of all correspondence and notification from the State of Florida to both our office and the office of our registered agent, we have been unable to find any record of receipt of this years Uniform Business Report for renewal.

Sincerely,

  
Alan M. Smith,  
Vice President