PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

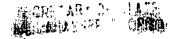
DOCUMENT # P01000025294

1. Corporation Name

DIVISION OF CORPORATIONS



15 SEP 16 M 91 31



Jamel Investment Inc.

	oal Office Address - No P.O. Box #	_	3. Mailing Office Address 12750 SW 188 Street						
Suite, Apt.		Suite, Apt. #, etc.				CR2E081 (11/10)			
						oorated or Qualified ness in Florida			
City & Stat		City & State			03/12/2011 5. FEI Number		Applied For		
Miar	mi Florida	Miami Florida			T	65-1082053			
331	'	33177		mi Dade	CERTIFICAT	6. CERTIFICATE OF STATUS DESIRED \$8.75 of a			
	7. Name and Address of	of Current Registered	Agent						
Street Ad	uel E. Figueredo dress (P.O. Box Number is Not Acceptable O SW 188 Street	•)			500 05/15/i	500277150805 - 500277150805 - 05/15/1401031008 **750,00			
Suite, Apt									
City		···	1 State	Zip Code	500 	02771508 501025001	305 **150.00		
Mian	าi		FL	33177	000 100	11. 10. 10 01020 001100,00			
8. I, bein	g appointed the registered agent of the ab	ove named corporation	, am familiar v	with and accept	the obligations of secti	on 607.0505 or 617.0503.	F.S.		
Signature Registered		edu				Date 09/10/2015			
		EGISTERED AGENT I	MUST SIGN		<u> </u>	-			
9. Name	s and Street Addresses of Each Officer an	d/or Director (Florida n	onprofit corpo	rations must list	t at least 3 directors)				
Titles	Name of Officers and/or Directors			reet Address of I ficer and/or Dire		City / State / Zip			
P	Manuel E. Figu	eredo 12	2750	SW 18	88 Street	Miami F	FL 33177		
'					Į				
							•		
					•				
	REINS	STATE	MEN	JT -	SEP 1 6 20	5			
	T/T/II //		. ∀ <i>.</i> ##	7 %-	R. HUNT				
0-0-0-0 ^{0.} E-ma	il Address <u>: CAMILD_L</u>	@MSN.C	om.						
		, , ,- ,	(To be used f	or future annual r	eport notification)				

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

J. J. W. W. J. W. L.	7	مصورته			<i>-</i>		
	 SIGN	LIZINI DNI	7 T T T T T T T T T T T T T T T T T T T	PRINTEIL	NAME TIES	SKINKS DEF	ואווד אם אבנו

Date

3055253111 Daytime Phone #