

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT #** P01000044622

1. Corporation Name

JJBI Investments, Inc.

2. Principal Office Address - No P.O. Box #
455 Business Center Dr.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

City & State

Horsham, PA

City & State

Zip

19044

Country

USA

Zip

Country

7. Name and Address of Current Registered Agent

Name

Melvyn Trute

Street Address (P.O. Box Number is Not Acceptable)

1090 Kane Concourse, Suite 202

Suite, Apt. #, Etc.

Suite 202

City

Bay Harbor Islands

State

FL

Zip Code

33154

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

REGISTERED AGENT MUST SIGN

Date

4/2/10

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
Pres.	Juan Baldassarre	455 Business Center Dr. Suite 100	Horsham, PA 19044

10. E-mail Address: juanbalda@trademax.com.ar

(To be used for future annual report 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., that all fees owed by the corporation have been paid, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/10

Date

(305) 865-6736

Daytime Phone #

FILED

10 APR -7 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**REINSTATEMENT**

02/10

300174851753
04/07/10--01020--018 **1358.75
CR2E081 (11/09)4. Date Incorporated or Qualified
To Do Business in Florida

5/3/2001

5. FEI Number

☒ Applied For
☐ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☒\$3.75 Additional Fee required
for a Certificate of Status☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.