

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY 24 AM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000108923

1. Corporation Name

CJP PROPERTY INVESTMENTS, INC.

2. Principal Office Address

5101 FoxPointe Cir

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

City & State

DELRAY BEACH, FL

Zip

33445

Country

PALM BEACH

Zip

33445

Country

PALM BEACH

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/13/2001

5. FEI Number

043684210

☒ 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

PERLA, CARLOS

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

5101 FOXPOINTE CIR.

Suite, Apt. #, Etc.

City

DELRAY BEACH

State

FL

Zip Code

33445

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

5-19-04

REGISTERED AGENT MUST SIGN

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	PERLA, CARLOS A	5101 FOXPOINTE CIR.	DELRAY BEACH, FL 33445
D	PERLA, JAVIER A	5101 FOXPOINTE CIR.	DELRAY BEACH, FL 33445

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

05-19-04

Daytime Phone #

CR2E081 (01/04)