

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

03 OCT 28 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000114594

1. Corporation Name

J.C. Land & Investments, Inc.

800023706928
10/10/03--01046--001 **758.75

REINSTATEMENT 2003

2. Principal Office Address

PO Box 940516

3. Mailing Office Address

PO Box 940516

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33194

Country

USA

Zip

33194

Country

USA

4. Date incorporated or Qualified
To Do Business in Florida

11/30/01

5. FEI Number

30-0025861

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

Juan A. Figueroa, P.A., C.P.A.

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

2701 S. Le Jeune Road, Suite

Suite, Apt. #, Etc.

Suite 310

City

Coral Gables

State

FL

Zip Code

33134

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

X *Juan A. Figueroa* CPA

REGISTERED AGENT MUST SIGN

Date X 10/22/03

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
DP	Chediak, Juan C.	PO Box 940516	Miami, Fl. 33194-0516

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: X

Juan C. Chediak
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 10-2-03

Date

X 786 2109668

Daytime Phone #

211/3

CR2E081 (10/02)