PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 APR 25 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P020 000 20196

REINSTATEMENT 03-05

1. Corporation Name
J C J OF DAVIE INC

2. Principal Office Address	3. Mailing Office Address
3020 NE 32ND STREET	460 Conchester Hwy
Suite, Apt. #, etc.: APT 725	Suite, Apt. #, etc.:
City & State: FT LAUDERDALE FL	City & State: ASTON PA
Zip: 33308 Country: USA	Zip: 19018 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 02/22/02

5. FEI Number: 75-2989815 ☐ 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: CLAIRE M MCSHANE

Street Address (P.O. Box Number is Not Acceptable): 3020 NE 32ND STREET

Suite, Apt. #, Etc.: APT 725

City: FT LAUDERDALE | State: FL | Zip Code: 33308

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: Claire M McShane — Date: 4/22/05
REGISTERED AGENT MUST SIGN

CR2E091 (01/05)

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	ROBERT C JOHNSON	828 BETHEL AVE	ASTON PA 19018
SEC	YECHIEL A MESIKA	101 PORTSMOUTH CIRCLE	GLEN MILLS PA 19342
TREAS	CLAIRE M MCSHANE	3020 NE 32ND STREET	FT LAUDERDALE FL 33308

$35M

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: Claire M McShane CLAIRE M MCSHANE 4/22/05 6104444500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #