PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000042170

1. Corporation Name

JW MANAGING, INC.

REINSTATEMENT 04-06

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
~~21058~~ ~~21034~~ Rosedown Ct.	~~21058~~ ~~21034~~ Rosedown Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton, Florida	City & State: Boca Raton, Florida
Zip: 33433 Country: US	Zip: 33433 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: April 18, 2002

5. FEI Number: 04-3643929 ☐ 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: Jeffrey J. Weiss

100063568681 01/12/06 01055 012 **050.00

Street Address (P.O. Box Number is Not Acceptable): ~~21058~~ ~~21034~~ Rosedown Ct.

Suite, Apt. #, Etc.

City: Boca Raton | State: FL | Zip Code: 33433

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: 1/11/06

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	Jeffrey J. Weiss	~~21058~~ ~~21034~~ Rosedown Ct.	Boca Raton,FL 33433
D	Anthony Clemente	9470 S.W. 116 Street	Miami, Florida
		1/1/13	

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 contained in Chapter 119, 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] 1/11/06 561-994-9077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #