PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2009 MAR 31 P 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/08)

DOCUMENT # P03000042348

1. Corporation Name

JAC DEVELOPERS, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4960 SW 72 AVENUE	4960 SW 72 AVENUE
Suite, Apt. #, etc. SUITE 308	Suite, Apt. #, etc. SUITE 308
City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip 33155 Country USA	Zip 33156 Country USA

4. Date Incorporated or Qualified To Do Business In Florida 04/15/2003

5. FEI Number ☑ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.75 Additional Fee Required For a Certificate of Status

7. Name and Address of Current Registered Agent

Name: OFELIA ALVAREZ

Street Address (P.O. Box Number is Not Acceptable): 4960 SW 72ND AVENUE

Suite, Apt. #, Etc.: SUITE 308

City: CORAL GABLES State: FL Zip Code: 33155

☑ 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.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S.

Signature of Registered Agent _____ Date 3/26/09

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
PTD	JOSE J. ARMAS	225 ARVIDA PARKWAY,	CORAL GABLES, FLORIDA 33156
S	ADA G. ARMAS	225 ARVIDA PARKWAY	CORAL GABLES, FLORIDA 33156

REINSTATEMENT
06-09

400148110264
03/31/09--01015--011 **600.00

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: _____ 3/26/09

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