PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 JAN 25 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**DOCUMENT #** P03000049433

1. Corporation Name

JSH INVESTMENTS, INC.

# REINSTATEMENT 05-10

200167109702
01/25/10--01050--006 **908.75
CR2E081 (11/09)

| 2. Principal Office Address – No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 17119 CRANLEY ROAD | 17119 CRANLEY ROAD |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: ODESSA, FL | City & State: ODESSA, FL |
| Zip: 33556 Country: USA | Zip: 33556 Country: USA |

4. Date Incorporated or Qualified To Do Business in Florida: 5/5/2003

5. FEI Number: 571166207 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑

7. Name and Address of Current Registered Agent

Name: JOHN HERNANDEZ
Street Address (P.O. Box Number is Not Acceptable): 17119 CRANLEY ROAD
Suite, Apt. #, Etc.:
City: ODESSA State: FL Zip Code: 33556

☑ 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 607.0505 or 617.0505, F.S.

Signature of Registered Agent: John Hernandez — Date: 1/21/10
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 P | JOHN HERNANDEZ | 17119 CRANLEY ROAD | ODESSA, FL 33556 |
| | | | |
| D ST | STEPHANIE HERNANDEZ | 17119 CRANLEY ROAD | ODESSA, FL 33556 |
| | | | |
| | | | |
| | | | JC 1/26 |

10. E-mail Address: JANDS HERNANDEZ @ VERIZON.NET
(To be used for future annual report notification)

11. 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. I further certify, 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: John Hernandez — 1/21/10 — (813) 325-0928
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(813) 325-0928