

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 22 AM 11:02

CORPORATION  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
2006 AR DOCUMENT # PD6000000053 1. Corporation Name J.E. Brookes AND ASSOCIATES, INC.	
2. Principal Office Address 3031 N.E. 21st AVE. Suite, Apt. #, etc. #5 City & State OAKLAND PARK Zip FL Country USA	3. Mailing Office Address Same - Suite, Apt. #, etc. City & State Zip 33306-1264 Country USA

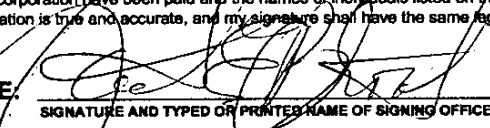
CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida 12/30/05	
5. FEI Number 20-4029500	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 JACARANDA E. BROOKES Street Address (P.O. Box Number is Not Acceptable) 3031 N.E. 21st AVE. Suite, Apt. #, Etc. #5 City OAKLAND PARK State FL Zip Code 33304	
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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  Date 3/13/06 REGISTERED AGENT MUST SIGN	
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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
P/D	JACARANDA E. BROOKES	3031 N.E. 21st AVE. #5	OAKLAND PARK, FL 33306

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 3/13/06 Daytime Phone # 954-274-4542

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