PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAR 22 AM 11:02

CORPORATION

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FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000000053

1. Corporation Name
J.E. Brookes and Associates, INC.

2. Principal Office Address	3. Mailing Office Address
3031 N.E. 21st Ave.	Same
Suite, Apt. #, etc.: #5	Suite, Apt. #, etc.:
City & State: Oakland Park	City & State:
Zip: FL / County: USA Broward	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: 33306

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

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

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04/10/06--01071--014 **150.00

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: _____ 3/13/06 954-274-4542

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

3/28