


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 10 MAR 19 PM 3:16 SECRETARY OF STATE TALLAHASSEE, FLORIDA																													
DOCUMENT # <u>P07000059641</u>																																	
1. Corporation Name <u>JTC Group Corp.</u>																																	
2. Principal Office Address - No P.O. Box # <u>4341 SW 160th Ave #208</u>		3. Mailing Office Address <u>4341 SW 160th Ave #208</u>																															
Suite, Apt. #, etc. <u>#208</u>		Suite, Apt. #, etc. <u>#208</u>																															
City & State <u>Miramar</u>		City & State <u>Miramar</u>																															
Zip <u>33027</u>	Country <u>USA</u>	Zip <u>33027</u>	Country <u>USA</u>																														
4. Date Incorporated or Qualified To Do Business in Florida <u>5/18/2007</u>																																	
5. FEI Number <u>26-0155192</u>																																	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status																																	
7. Name and Address of Current Registered Agent																																	
Name <u>Jacqueline Texada</u>																																	
Street Address (P.O. Box Number is Not Acceptable) <u>4341 SW 160th Ave</u>																																	
Suite, Apt. #, Etc. <u>#208</u>																																	
City <u>Miramar</u>																																	
State <u>FL</u>																																	
Zip Code <u>33027</u>																																	
<input checked="" type="checkbox"/> 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 617.0503, F.S.																																	
Signature of Registered Agent <u>J. Texada</u>																																	
Date <u>3/16/10</u>																																	
REGISTERED AGENT MUST SIGN																																	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)																																	
<table border="1"><thead><tr><th>Titles</th><th>Name of Officers and/or Directors</th><th>Street Address of Each Officer and/or Director</th><th>City / State / Zip</th></tr></thead><tbody><tr><td><u>P</u></td><td><u>Jacqueline Texada</u></td><td><u>4341 SW 160th Ave, #208</u></td><td><u>Miramar, FL 33027</u></td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>						Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	<u>P</u>	<u>Jacqueline Texada</u>	<u>4341 SW 160th Ave, #208</u>	<u>Miramar, FL 33027</u>																				
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10. E-mail Address: <u>JTCGroupcorp@aol.com</u> (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: <u>J. Texada</u>																																	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																	
Date <u>3/16/10</u>																																	
Daytime Phone # <u>(786) 390-0021</u>																																	

3/22