PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
10 MAY 11 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P08000000776

1 Corporation Name
J. I. Real Estate Holdings, Inc.

200180728412
05/11/10--01023--009 **300.00

REINSTATEMENT 09-10

2 Principal Office Address - No P.O. Box #		3 Mailing Office Address	
4595 Wildwood Tree Lane		4595 Wildwood Tree Lane	
Suite, Apt # etc: Apt. B		Suite, Apt # etc: Apt. B	
City & State: Boynton Beach		City & State: Boynton Beach	
Zip: 33436	Country: USA	Zip: 33436	Country: USA

4 Date Incorporated or Qualified To Do Business in Florida: January 3, 2008

5 FEI Number: 51-0667249 ☐ Applied For ☐ Not Applicable

6 CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

PROFIT CORPORATIONS ONLY
☑ The $600.00 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.

7. Name and Address of Current Registered Agent

Name: Joseph Iannelli
Street Address (P.O. Box Number is Not Acceptable): 4595 Wildwood Tree Lane
Suite, Apt # Etc: Apt. B
City: Boynton Beach State: FL Zip Code: 33436

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 ______
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	Joseph Iannelli	4595 Wildwood Tree Lane, Apt. B	Boynton Beach FL 33436
	AS/12		

10 E-mail Address: Josephiannelli@aol.com
(To be used for future annual report notification)

11 I certify that I am an officer or director of the corporation 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 corrected, 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: ______________________ 4/29/10
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #