PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2024 AUG 13 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P17000057279

1. Corporation Name
J & P Management of Broward, Inc.

100432333851

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
9603 NW 76th Street	9603 NW 76th Street
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc. N/A
City & State Tamarac, Florida	City & State Tamarac, Florida
Zip 33321 Country USA	Zip 33321 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 07-03-2017

5. FEI Number 82-2093350 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED $58.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Ebel "Polo" Isme

Street Address (P.O. Box Number is Not Acceptable): 9603 NW 76th Street

Suite, Apt. #, Etc.

City: Tamarac State: FL Zip Code: 33321

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: [signature] REGISTERED AGENT MUST SIGN Date 08/10/2024

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
PTS	Ebel "Polo" Isme	9603 NW 76th Street	Tamarac, Florida 33321

10. E-mail Address: ebelisme@yahoo.com (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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 08/10/2024 Daytime Phone # (754) 245-0494

Filed for NK - BM

BM 8/13/24