PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P19000012497

1 Corporation Name JBE Holdings Corp
Magnus 5 Holdings, Corp
(Last Name)

000388443880
03/10/22--01006--002 **783.75

000388443880
08/01/22--01033--012 **291.25

CR2E081 (11/10)

2 Principal Office Address - No P O Box #		3 Mailing Office Address	
544 N Knowles Avenue		544 N Knowles Avenue	
Suite, Apt #, etc		Suite, Apt #, etc	
#201		#201	
City & State		City & State	
Winter Park, FL		Winter Park FL	
Zip	Country	Zip	Country
32789	Orange	32789	Orange

4 Date Incorporated or Qualified To Do Business in Florida

5 FEI Number 83-3586273 ☐ Applied For ☐ Not Applicable

6 CERTIFICATE OF STATUS DESIRED $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: David Barefoot

Street Address (P O Box Number is Not Acceptable): 544 N. Knowles Avenue

Suite, Apt # Etc: #201

City	State	Zip Code
Winter Park	FL	32789

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: David Barefoot Date: 2-15-22

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
CEO	David Barefoot	544 N. Knowles Ave. #201	Winter Park FL 32789
VP	Beth Barefoot	544 N. Knowles Ave. #201	Winter Park FL 32789

10 E-mail Address: footman777@icloud.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: David Barefoot DAVID BAREFOOT 2-15-22 407.913.3688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2022 AUG -1 PM 4:18

NOV 15 2022

D CUSHING