H97000020667

APPROVED AND FILED

97 DEC 16 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000001496

1. Corporation Name

JGRF, INC.
~~XXXXXXXXXXXXXXXXXXXX~~

Principal Place of Business / Mailing Address

407 Lincoln Road #5B
Miami Beach, FL 33139

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 97

2. New Principal Office Address, if Applicable	3. New Mailing Office Address, if Applicable
Street, Apt. #, etc.	Street, Apt. #, etc.
City & State	City & State
Zip / County	Zip / County

4. Date Incorporated or Qualified to Do Business in Florida: 10/28/97

5. FEI Number: 65-0385910 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☒

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	Ilene Althaus	407 Lincoln Road #5B	Miami Beach, Fl 33139

8. Name and Address of Current Registered Agent

George Brito
407 Lincoln Road #5B
Miami Beach, FL 33139

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Street, Apt. #, etc.
City | State: FL | Zip Code

10. I hereby appointed the registered agent of the above named corporation, and familiar with and accept the obligations of Section 617.0505, F.S.

Signature of Registered Agent: [signature] Date: 12/5/97

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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.

305-534-9292

SIGNATURE: [signature] 12-05-97
Signature of an officer or director of the corporation or receiver or trustee empowered to execute this application — Date — Daytime Phone #

Prepared by: George Brito
407 Lincoln Rd., #B
Miami Beach, FL 33139
(305) 534-9292

12/16

12/16/97 FLORIDA DIVISION OF CORPORATIONS 12:02 PM
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(((H97000020667 6)))

TO: DIVISION OF CORPORATIONS FAX #: (850)922-4000

FROM: FAS-T CORP. AGENTS, INC. ACCT#: 071001002335
CONTACT: LIDIA FERNANDEZ
PHONE: (305)599-0839 FAX #: (305)716-0346

NAME: JGRF, INC.
AUDIT NUMBER.....H97000020667
DOC TYPE.....CORPORATION REINSTATEMENT
CERT. OF STATUS..1 PAGES..... 1
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** ENTER 'M' FOR MENU. **