PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

ACCEPTED AND FILED

01 JUN 12 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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-07/20/01--01102--011
***1050.00 ***1050.00

DOCUMENT # P92000010348

1. Corporation Name
JORBEL, INC.

2. Principal Office Address	3. Mailing Office Address
2955 SW 8 Street	300 71st Street
Suite, Apt. #, etc.: Suite 203	Suite, Apt. #, etc.: Suite 527
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33135 Country: Miami-Dade	Zip: 33141 Country: Miami-Dade

4. Date Incorporated or Qualified To Do Business in Florida: 12/8/92

5. FEI Number: 65-0363130 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: Jeffrey Exposito

Street Address (P.O. Box Number is Not Acceptable): 300 71st Street

Suite, Apt. #, Etc.: Suite 527

City: Miami Beach State: FL Zip Code: 33141

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 _____ REGISTERED AGENT MUST SIGN Date 6/11/01

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
P/S	Janet Exposito	646 NE 81 Street	Miami, FL 33138
	100.00-Adm		
	61.25-AR		
	88.75-ASup		

10. 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.

SIGNATURE: _____ 6/11/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Janet Exposito, President

6/12

CR2E081 (9/00)