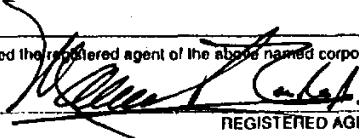


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Moirham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 NOV -1 PM 2:49	
DOCUMENT # P93000031493					
1. Corporation Name JCO DEVELOPERS, INC.					
Principal Place of Business 8295 S.W. 47 Street Miami, FL 33155			Mailing Address same		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable N/A		3. New Mailing Address, If Applicable N/A		4. Date Incorporated or Qualified To Do Business in Florida 04/27/93	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0406034	
City & State		City & State		Applied For Not Applicable	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
PSD	Osmel Rodriguez	8295 S.W. 47th Street	Miami, FL 33155		
				200003838942-1 -11/09/93--01010--020 ***1050.00 ***1050.00	
8. Name and Address of Current Registered Agent Manuel Arthur Mesa, Esquire 1000 Brickell Avenue, Suite 660 Miami, Florida 33131			9. Name and Address of New Registered Agent Name Manuel Arthur Mesa, Esquire Street Address (P.O. Box Number is Not Acceptable) 100 Southeast 2nd Street Suite, Apt. #, Etc. 37th Floor City Miami State FL Zip Code 33131		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent  Date 10/16/99 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.) AD					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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:  OSMELO RODRIGUEZ PRES. 10-16-99 552-6438 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					