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FILED APR 21 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(H04000084723 3)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 01-04

DOCUMENT # P93000067554

1. Corporation Name

Ho-Ja Commercial, Inc

2. Principal Office Address	3. Mailing Office Address
3155 NW 82nd Avenue	3155 NW 82nd Avenue
Suite, Apt. #, etc: Suite 101	Suite, Apt. #, etc: Suite 101
City & State: Miami	City & State: Miami
Zip: 33122 Country: US	Zip: 33122 Country: US

4. Date Incorporated or Qualified To Do Business in Florida 09-22-1993

5. FEI Number 65-0449734 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: United States Registered Agents, Inc.

Street address (P.O. Box Number is Not Acceptable): 329 Granello Avenue

Suite, Apt. #, Etc.:

City: Coral Gables State: FL Zip Code: 33146

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: 4/21/04

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Doran A. Jason	3155 NW 82 Avenue, Suite 101	Miami, FL 33122

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 name(s) 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: [signature] 4-21-04 305 461-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E031 (01/04)

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Florida Department of State

Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : J L HOFMANN & ASSOCIATES, P.A.
Account Number : I19990000022
Phone : (305)461-4400
Fax Number : (305)461-4403

CORPORATION REINSTATEMENT

HO-JA COMMERCIAL, INC.

Certificate of Status	0
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