APPLICATION FOR REINSTATEMENT

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

FILED
99 JAN 13 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000087790

1. Corporation Name
JL INVESTMENTS OF DADE COUNTY, INC.

Principal Place of Business	Mailing Address
1006 S. Greenway Dr. Coral Gables, FL 33134	1006 S. Greenway Dr. Coral Gables, FL 33134

REINSTATEMENT 98-99 AR

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

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida
12/23/93

5. FEI Number
65-0477209
☐ Applied For
☐ Not Applicable

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) 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
D	LASSEVILLE, ARACELY	1006 S. Greenway Dr.	Coral Gables, FL 33134

400002747834--2
01/20/99--01063--012
****750.00 ****750.00

400002747834--2
01/20/99--01063--013
****150.00 ****150.00

8. Name and Address of Current Registered Agent
BENNETT, JOSH N.
100 S.E. 2nd Street, Suite 2600
Miami, FL 33131

9. Name and Address of New Registered Agent
Name: Josh Bennett
Street Address (P.O. Box Number is Not Acceptable): 200 S. Biscayne Blvd.
Suite, Apt. #, Etc.: 49
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: [signature] REGISTERED AGENT MUST SIGN
Date: 1/11/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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.

SIGNATURE: Aracely Lasseville
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 12/31/98
Daytime Phone #: (305) 854-4950

TOTAL P.02