


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
02 FEB 14 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

Document Number
P94000051804

1. Corporation Name

J.P.B.S.F., INC.

2. Principal Office Address

1050 LEE WAGENER BLVD.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE FL

City & State

Zip

33315

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/11/1994

5. FEI Number

650506501

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 97-02

7. Name and Address of Current Registered Agent

Name

Michael J. McGosy

Street Address (P.O. Box Number is Not Acceptable)

209 N SEACREST BLVD

Suite, Apt. #, Etc.

City

BOYNTON BEACH

State
FL

Zip Code

33435

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 2/13/02

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
D	FRANGISKAKIS, JIMMY	1050 LEE WAGENER BLVD.	FORT LAUDERDALE FL 33315
D	FRANGISKAKIS, PETE	1050 LEE WAGENER BLVD.	FORT LAUDERDALE FL 33315
D	FRANGISKAKIS, BILLY	1050 LEE WAGENER BLVD.	FORT LAUDERDALE FL 33315
D	FRANGISKAKIS, SPIRO	1050 LEE WAGENER BLVD.	FORT LAUDERDALE FL 33315

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/02

Date

561 734-8599

Daytime Phone #

CR2E081 (9/01)