
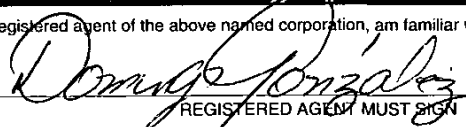



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<div style="display: flex; align-items: center; justify-content: center;"><div style="text-align: center;">CORPORATION REINSTATEMENT</div><div style="text-align: center;"></div><div style="text-align: center;">FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</div></div>		<div style="text-align: center;">FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 00 OCT 20 PM 4:36</div>	
DOCUMENT # P94000074649			
1. Corporation Name JULIAN ENTERPRISES, INC.			
2. Principal Office Address 6300 CORAL WAY Suite, Apt. #, etc.		3. Mailing Office Address 6300 CORAL WAY Suite, Apt. #, etc.	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33155	Country US	Zip 33155	Country US
4. Date Incorporated or Qualified To Do Business in Florida 10/11/94		5. FEI Number 65-0525677	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name DOMINGO GONZALEZ		600003455126-1 -11/07/00--01067--008 ***150.00 ***150.00	
Street Address (P.O. Box Number is Not Acceptable) 6300 CORAL WAY			
Suite, Apt. #, Etc.			
City MIAMI		State FL	Zip Code 33155
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 		Date 10/19/00	
REGISTERED AGENT MUST SIGN			
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
PS	DOMINGO GONZALEZ	6300 CORAL WAY	MIAMI, FL 33155
10/31			
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: 		Date 10/19/00	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # (305) 871-9140	

CR2E081 (9/99)