

APPLICATION FOR REINSTATEMENT



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

APPROVED
AND
FILED

98 NOV 19 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000018397 (6)

1. Corporation Name
PJJJ PROPERTIES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| RIVERGATE PLAZA, SUITE 300 444 BRICKELL AVE. C/O STEWART A. MERKIN MIAMI FL 33131 | RIVERGATE PLAZA, SUITE 300 444 BRICKELL AVE. C/O STEWART A. MERKIN MIAMI FL 33131 |



REINSTATEMENT 97-98

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

| | | | | | |
|--|--|--|--|---|--|
| 2. New Principal Office Address, If Applicable | | 3. New Mailing Office Address, If Applicable | | 4. Date Incorporated or Qualified To Do Business in Florida | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 03/07/95 | |
| City & State | | City & State | | 5. FEI Number | |
| Zip | | Country | | Applied for (see attached) | |
| Zip | | Country | | 6. CERTIFICATE OF STATUS DES RED <input checked="" type="checkbox"/> \$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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|------------|-------------------------------------|---|----------------------|
| D/P | JABLAN, BOZANA | 444 Brickell Ave. #300 | Miami, Florida 33131 |
| D/S/T | JABLAN, PHILIPPE | 444 Brickell Ave. #300 | Miami, Florida 33131 |
| AS | MERKIN, STEWART A. | 444 Brickell Ave. #300 | Miami, Florida 33131 |
| | | | |
| | | | |
| | | | |

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****908.75 ****908.75

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| | | | |
|---|--|--|--|
| 8. Name and Address of Current Registered Agent | | 9. Name and Address of New Registered Agent | |
| MERKIN, STEWART A 444 BRICKELL AVE #300 MIAMI FL FL 33131 | | Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code | |

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 *11/17/98*

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: *[Signature]* Stewart A. Merkin, Asst. Secretary 11/17/98 (305)358-5800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #