PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
04 MAR 24 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 07-04

DOCUMENT # P95000028739

1. Corporation Name
Jay-Mall & Plazas Inc.

2. Principal Office Address	3. Mailing Office Address
525 E. 72 St.	same
Suite, Apt. #, etc.: 14F	Suite, Apt. #, etc.:
City & State: New York City	City & State: NEW YORK
Zip: 10021 Country:	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 4/11/95

5. FEI Number: 650627041 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Jay Pirinacci

Street Address (P.O. Box Number is Not Acceptable): 301 174 St. #

Suite, Apt. #, Etc.: APT. 914

City: Sunny Isles State: FL Zip Code: 33160

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: _____ REGISTERED AGENT MUST SIGN Date: 3/22/04

CR2E031 (01/04)

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
P	Jay Pirinacci	same as above	
			100030964127 03/24/04--01014--012 **300.00

10. I certify that I am an officer or director of 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

Date: 3/22/04 Daytime Phone #: 212-917-9251