PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 96-97 REINSTATEMENT

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

APPROVED AND FILED

97 AUG 15 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000040632

1. Corporation Name
B + J INVESTMENTS OF SOUTH FLORIDA INC.

Principal Place of Business
3780 OCOEE APOPKA ROAD
APOPKA FLORIDA 32703.

Mailing Address

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

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
JUNE 5th, 1995

5. FEI Number
59-3320694
☐ 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 |
|---|---|---|---|
| PRES | BHOODRAM RAMJIT. | 6952 HYLAND OAKS DR | ORLANDO FL 32818 |
| S | ETHEL R. RAMJIT. | 11 | 400002270984--0 -08/19/97--01031--025 ****915.00 ****915.00 |
| V | JAIPAUL NAIPAL | 8. | ORLANDO FL. 32818 |
| T | JAIPAUL NAIPAL | | |
| | | | |
| | | | |

**REINSTATEMENT** 96-97

A. Alan 8/15/97

8. Name and Address of Current Registered Agent
THE LAW FIRM OF LAWRENCE J SPIEGEL
DOING BUSINESS AS
AMERILAWYER

9. Name and Address of New Registered Agent
Name: BHOODRAM RAMJIT
Street Address (P.O. Box Number is Not Acceptable): 6952 HYLAND OAKS DRIVE
Suite, Apt. #, Etc.:
City: ORLANDO
State: FL
Zip Code: 32818

CR2E040 (12/96)

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: 8/06/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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:** BHOODRAM RAMJIT. [signature] 8/01/97 (407) 886-0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #