PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 SEP 29 PM 3:16

DOCUMENT # P95000046493

1. Corporation Name
JONIK PROPERTIES, INC

REINSTATEMENT 9-6-00

2. Principal Office Address	3. Mailing Office Address
9715 W BROWARD BLVD	9715 W BROWARD BLVD
Suite, Apt. #, etc.: 129	Suite, Apt. #, etc.: 129
City & State: PLANTATION FL 33324	City & State: PLANTATION FL 33324
Zip: 33324 Country: USA	Zip: 33324 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 6/15/95

5. FEI Number: 65-0591842 — 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: NERISSA SPANNOS

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-10/19/00--01017--001
***1350.00 ***1350.00

Street Address (P.O. Box Number Is Not Acceptable): 9715 W BROWARD BLVD
Suite, Apt. #, Etc.: 129
City: PLANTATION State: FL Zip Code: 33324

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: 9/18/00
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
PRES	DEIRDRE VILLANI	9701 NW 70	MIAMI FL 33169
VPRES	NERISSA SPANNOS	9715 W BROWARD BLVD #129	PLANTATION FL 33324

AD

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: _____ 9/18/00 954-785-3455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #