

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

CORPORATION  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 FEB 27 AM 11:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000094114

1. Corporation Name

J-II Investments, Inc

2. Principal Office Address

9105 old st Augustine rd same

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

12/12/95

5. FEI Number

59-3351502

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

City & State

Tallahassee, fl 32311

City & State

Zip

Country

Zip

Country

7. Name and Address of Current Registered Agent

Name

Johnny Petrandis II

Street Address (P.O. Box Number is Not Acceptable)

9105 Old St Augustine Rd.

Suite, Apt. #, Etc.

Tallahassee

City

State

FL

Zip Code

32311

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

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
all	Johnny Petrandis II	9105 old st augustine Rd	Tallahassee, FL 32311

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

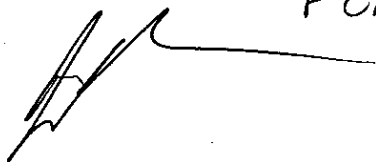
2/27/03

Date

Daytime Phone #

292

I did not receive the Annual Report for J-II Investments  
FCR 2001

A handwritten signature, possibly reading "H. J.", followed by a horizontal line.