PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** 門即 Sandra B. Mortham **FOR** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 97 DEC 10 AHH: 24 P96000030283 DOCUMENT # SECHLICH CE STATE TALLARASSIRE, H.OSIDA 1. Corporation Name JR II INVESTMENTS, INC. Principal Place of Business Mailing Address 2729 WEST FAIRBANKS AVENUE 2729 WEST FAIRBANKS AVENUE WINTER PARK FL 32789 WINTER PARK FL 32789 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 Date Incorporated or Qualified To Do Business in Florida 04/08/1996 Sulte, Apt. #, etc. Suite, Apl. #, etc 5. FEI Number Applied For City & State City & State 59-3378115 Not Applicable \$8.75 Additional Fee required 7. Names and Street Addresses of Each Officer and/or Director. (Florida popprofit corporations must list at least 3 directors) Street Address of Each Name of Officers Officer and/or Director (Do NOT Use Post Office Box Numbers) and/or Directors City / State / Zip RAYMOND, JOSEPH J JR. 2729 WEST FAIRBANKS AVENUE WINTER PARK FL 32789 RILEY, JOHN A 2729 WEST FAIRBANKS AVENUE WINTER PARK FL 32789 000002374190 -12/16/97-01121-021 ****750.00 ****750.00 REINSTATEMENT 12-12-97 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Namo TOUN PLUY' Street Address (P.O. Box Number is Not Acceptable) HUMPHRIES, J G 201 EAST PINE ST STE 701 2729 Suite, Apt. #, Etc WUST FIAIR BANKS *ORLANDO FL 32801 City Zip Code Pance ૩ ૨ ૪૬૧ WINTEN 10. I, being appended 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 Date 11/17/17 REGISTERED AGENT MUST SIGN 11. This corporation owes or has paid the current year (See other side for information on Intangible tax.) Intangible Personal Property tax due June 30. Yes

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 eath.

SIGNATURE:

Title(s)

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11/17/97

407-6440908x219