MAR 10 '99_10:13AM_RACHLIN CONTY SHOLTONS BEFORE COMPLETING THIS FORM 3/3 FLORIDA DEPARTMENT OF STATE APPLICATION Sandra B. Mortham FILED FOR Secretary of State REINSTATEMENT 90 1452 17 781 9: 37 DIVISION OF CORPORATIONS P96000064167 DOCUMENT # TEGRETARY OF STATE 1. Corporation Name JEFFCO HOLDINGS INTERNATIONAL. INC. Principal Place of Business Mailing Address 691 SOUTH OCEAN BLVD. 691 SOUTH OCEAN BLVD. BOCA RATON, FL 33432 BOCA RATON, FL 33432 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 07/31/1996 Suite, Apt. #, etc. Suite, Apr. #, etc. 5. FÉ! Number Applied For City & State City & State 65-0772347 Not Applicable \$8.75 Additional Fed required for a Cortificate of Status Zip Country Zıō Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director. (Flonda nonprofit corporations must list at least 3 directors) Nama of Officers and/or Directors Street Address of Each Officer and/or Director
(Do NOT Use Post Office Box Numbers) City / State / Zip Title(x) DPST DINA HASHMAN 691 SOUTH OCEAN BLVD. BOCA RATON, FL 33432 VΡ SAM HASHMAN 691 SOUTH OCEAN BLVD. BOCA RATON, FL 33432 តសាស្រាធ់ទោះ។ស្មាធានាកាក់ក្រ <u> 027257599--01076--008</u> 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent KTG&S REGISTERED AGENT CORPORATION 100 S.E. 2ND STREET Street Address (P.O. Box Number is Not Acceptable) 28TH FLOOR Suite. Apt. #, Etc. MIAMI, FL 33131 City Zip Code 10. I, being appointed the registered agent m lamiflar with and occept the obligations of Section 507.0505, F.S. PROS REGISTERED AGENT MUST SIGN MICHAEL KOSNITZKU 11. This corporation owes or has paid the current year (See other side for information Yes 🗵 Intangible Personal Property tax due June 30. No L on intangible tax.) 12. I ceruly 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 filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 507,0401 or 617,0401, F.S. that all fees owed by the corporation have been paid and the names of individuals fisted 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. 1-16-99 SIGNATURE: OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR Davids Phone =

ğ