PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORAL SPRINGS TL CORAL SPRINGS +L G50708795 Not Applica Zip Country	CORPORATION REINSTATEMENT Secretary of State DIVISION OF CORPORATIONS DOCUMENT # PG6 60000 95426 1. Corporation Name J. P. D. AND C. INVESTMENTS CORP. 2. Principal Office Address 5273 NW 112 H. Tenare 10693 WILES ROAD	DECRETARY OF STATE BYISION OF CORPORATION- OO SEP 11 AM 9: 09
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CORAL SPRINGS FL CORAL SPRINGS FE SPRINGS Applied For Not Applied For Status Desired Meditional Fee registered Agent 7. Name and Address of Current Registered Agent Name SUSTE Street Address (P.O. Box Number is Not Acceptable) 5273 NW 112 Proceed City CORAL SPRINGS State Tip Code FL 33-076 State Tip Code FL 33-076 State Tip Code FL 33-076 PEGISTER PRINGS FL 33-076 PEGISTER PRINGS Street Addresses of Each Officer and/or Directors Officers and/or Directors Street Address of Each Officers and/or Directors Coral Springs Coral Springs Coral Springs Applied For Not Applied Not Applied For Not Applied For Coral Springs Street Addresses of Each Officers and/or Directors City State / Zip Coral Springs Coral		To Do Rueinose in Florida
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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 PEGISTER PART SIGN Date 08/08/2000 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Street Address of Each Officer and/or Director Officer and/or Directors City / State / Zip SCORAL SPRINGS	SUSIE L. BLOMMAERT Street Address (P.O. Box Number is Not Acceptable) 5273 NW 112 M Tenra ce Suite, Apt. #, Etc.	75 4000034052346 -09/26/0001103018
Signature of Registered Agent HEGISTELLE AND ST SIGN Date 08/08/2000 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles	CORAL SPRINGS	
Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip SZ 73 NW 112 H CORAL SPR:NUS	Signature of Registered Agent	of the obligations of section 607,0505 or 617,0503, F.S. Date
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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 filling		1560

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. c2/08/2000(954)661-7889 Daylime Phone # SIGNATURE: SIGNATURE AND TYPED OR PRINTED

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