

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

FILED

01 JAN 23 PM 2:44

 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P98000004204

1. Corporation Name

JANUARY PROJECT III CORP.

2. Principal Office Address

7695 SW 104th Street

Suite, Apt. #, etc.

210

City & State

Miami, FL

Zip

33156

Country

USA

3. Mailing Office Address

7695 SW 104th Street

Suite, Apt. #, etc.

Suite 210

City & State

Miami, FL 33156

Zip

33156

Country

USA

REINSTATEMENT

 4. Date Incorporated or Qualified
 To Do Business in Florida

1/14/98

SP

5. FEI Number

65-100693

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

Eric P. Littman, Esquire

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

7695 SW 104th Street

Suite, Apt. #, Etc.

Suite 210

City

Miami

State
FL

Zip Code

33156

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 1/16/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

TRIOS	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Eric P. Littman	7695 SW 104th Street, Suite 210	Miami, FL 33156

05/06/00 90190.001 (150)

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)(l), 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

Eric P. Littman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/01

Date

305-663-3333

Daytime Phone #