

**CORPORATION
REINSTATEMENT**



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

01-DEC 17 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000035593

1. Corporation Name

CJ DEVELOPMENT OF SOUTH
FLORIDA, INC.

000004743170--5
-12/28/01--01079--023
***758.75 ***758.75

2. Principal Office Address

10300 SUNSET DRIVE

3. Mailing Office Address

P.O. BOX 16-0994

Suite, Apt. #, etc.

470J

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33116

Country

Zip

33173

Country

MIAMI
DADE

4. Date Incorporated or Qualified
To Do Business in Florida

4/17/98

5. FEI Number

65-0830088

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 2001

7. Name and Address of Current Registered Agent

Name

PEREIRA JOSEPH, A JR

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

10300 SW 72 ST

Suite, Apt. #, Etc.

470J

City

MIAMI,

State

FL

Zip Code

33173

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

Joseph P. Pereira, Jr.

REGISTERED AGENT MUST SIGN

Date

12/12/01

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
PSTD	CAMARAZA, JESUS	13190 SW 194 AVE	MIAMI, FL 33186

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

[Signature]

12/12/01

Date

786-402-7438

Daytime Phone #

CR2001 (9/00)