1 OF 2

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 -5 PM 2:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P98-0000 89108

1. Corporation Name
CJLB Property, Inc.

REINSTATEMENT 99-2001.

2. Principal Office Address	3. Mailing Office Address
4444 E. Fletcher Ave	4444 E. Fletcher Ave
Suite, Apt. #, etc.: Suite D	Suite, Apt. #, etc.: Suite D
City & State: Tampa FL	City & State: Tampa, FL
Zip: 33613 Country: US	Zip: 33613 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 10-19-98

5. FEI Number: 59-3547943 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Jay J. Older

Street Address (P.O. Box Number is Not Acceptable): 4444 E. Fletcher Ave.

Suite, Apt. #, Etc.: Suite D

City: Tampa | State: FL | Zip Code: 33613

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: _____ Date: _____
REGISTERED AGENT MUST SIGN

CR4E351 (9/96)

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
D	Jay J. Older	4444 East Fletcher Avenue Suite D	Tampa, FL 33613
D	Charles B. Slonim	4444 East Fletcher Avenue Suite D	Tampa, FL 33613
			300005526173--1

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: _____ Date: 1/4 Daytime Phone #: KE
SIGNATURE OF CURRENT REGISTERED AGENT OR PRESIDING OFFICER/DIRECTOR

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THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 955677 7236052

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 1050.00

ORDER DATE : January 5, 2001

ORDER TIME : 2:19 PM

ORDER NO. : 955677-005

CUSTOMER NO: 7236052

CUSTOMER: Mr. Jay J. Older
Cjlb Property, Inc.
4444 E. Fletcher Ave.
Suite D
Tampa, FL 33613

DOMESTIC FILINGS

NAME: CJLB PROPERTY, INC.

RECEIVED
01 JAN -5 PM 3:10
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kim Clemons

EXAMINER'S INITIALS _____