PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

03 JUL -7 PM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # P98000105091

1. Corporation Name

JENNY PRYWALL, INC.

N03000014425

REINSTATEMENT 01-03

2. Principal Office Address	**3.** Mailing Office Address
1960 NE 161 St #203	1960 NE 161 St
Suite, Apt. #, etc. 203.	Suite, Apt. #, etc. 203.
City & State NORTH MIAMI BEACH FL.	City & State NORTH MIAMI BEACH FL.
Zip 33162. Country DADE	Zip 33162 Country DADE

4. Date Incorporated or Qualified To Do Business in Florida 12-18-1998.

5. FEI Number 65-0882122 ☐ 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: MELQUICEDEC O. VIVEROS

Street Address (P.O. Box Number is Not Acceptable): 1960 NE 161 St #203

200021196652
06/30/03--01069--026 **1050.00

Suite, Apt. #, Etc.:

City: NORTH MIAMI BEACH FL | State: FL | Zip Code: 33162.

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 06-24-03.

CR2E081 (9/00)

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
P	MELQUICEDEC O. VIVEROS	1960 NE 161 St #203 N.M.B.	N.M.B. FL. 33162.
D	MARIA M. CASTILLO (VALLADARES)	900 NW 166 AVE PEMBROKE	PEMBROKE PINES FL 33028

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: _____ PRESIDENT 04-30-02. (305) 3318794.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #