PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
02 MAY 14 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # P98000105302

1. Corporation Name

PPJ, INC.

200005610152--8
-05/24/02--01044--002
****600.00 ****600.00

2. Principal Office Address		3. Mailing Office Address	
9825 SAN JOSE BLV		9825 SAN JOSE BLVD	
Suite, Apt. #, etc. STE 46		Suite, Apt. #, etc. STE 46	
City & State Jacksonville FL		City & State Jacksonville FL	
Zip 32257	Country US	Zip 32257	Country US

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-3548003 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Paul Kajy

Street Address (P.O. Box Number is Not Acceptable): 9825 SAN JOSE BLVD

Suite, Apt. #, Etc.: STE 46

City: Jacksonville | State: FL | Zip Code: 32257

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: Paul Kajy — REGISTERED AGENT MUST SIGN — Date: 4-25-02

CR2E001 (8/01)

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
PD	Paul Kajy	9825 SAN JOSE BLVD STE 46	Jacksonville FL 32257
VD	Jad Hanania	9925 SAN JOSE BLVD STE 46	Jacksonville FL 32257
STD	Pat Kajy	9925 SAN JOSE BLVD STE 46	Jacksonville FL 32257

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 the 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: PATRICK KAJY — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 4-25-02 — Daytime Phone #: 904 262-3955

5/1/02