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$_{\underline{\omega}}$. PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	CORPORATION REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS					FILED 08 DEC 18 PM 1:41				
DOCUMENT # P9900029617 1. Corporation Name								3	SECRETARY OF STATE TALLAHASSEE, FLORIDA				
JSRL INVESTMENTS OF NORTH MIAMI BEACЫ									REINSTATEMENT 700139134087 12/18/0801030008 **300,00				
	N COMN	P.O. Box # CIAL BLVD	3. Mailing Office Address 3333 W COMMERCIAL BLVD					CR2E081 (10/08)					
Suite, Apt. #, etc. 110				Suite, Apt. #, etc. 110				4	Date Incorporated or Qualified To Do Business in Florida 03-31-99				
City & State FT LAUDERDALE FL				FT LAUDERDALE FL				5. FEI Number					
^{Zip} 33309		Country	•	Zip 33309		Count US/	•	6. CERTIFIC		OF STATUS DESIRED		ditional Fee required ertificate of Status	
Name JOSEPH MIZRAHI Street Address (P.O. Box Number is Not Acceptable) 3333 W COMMERCIAL BLVD Suite, Apt. #, Etc. 110 City FT LAUDERDALE 7. Name and Address of Current Registered Agent Street Agin Course Agent Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) State Zip Code FL 33309									The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.				
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												<u>. </u>	
9. Names	and Street A	ddresses	of Each Officer an	d/or Director (Flo	rida nonpro	fit corpo	orations must list at	least	t 3 directors)				
Titles		Office	Name of rs and/or Directors	Street Address of Ead Officer and/or Direct									
Р	JOSEPH MIZRAHI					W C	OMMERCIA	AL	L BLVD FT LAUDERDALE FL 33309				
-													
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 filling 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 contained in Chapter 119, 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: SI													
SIGNATURE: SIGNATURE AND TWEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #												Phone #	

Howitt & Associates

3333 W Commercial Blvd Suite 110 Ft. Lauderdale, Fl. 33309 Tel 954-735-7178 Fax 954-735-7488



December 16, 2008

To:

Florida Department of State

From:

Stuart Howitt

Subject:

JSRL INVESTMENTS OF NORTH MIAMI BEACH INC

P99000029617 Reinstatement

Please be advised that my client moved his company business address 3 years ago, and that contributed to his not receiving notices of renewal from the State of Florida in 2007. In addition, my client was working out of the State and at times out of the country during the last 36 months. As a result, there have been many problems with his receiving mail.

Enclosed you will find a check in the amount of \$300.00 to cover the annual fee for 07 and 08. We ask that because of the above mentioned reasons for not receiving the notices of renewal, that the penalty be waived.

Sincerely,

Stuart Howitt Enrolled Agent 2007-63037