PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | FILED SECRETARY OF STATE TALLAHASSEE.FLORIDA OI MAY 22 PM 1: 38 |
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| JFC WORLD TRAdingCo. | | |
| 2. Principal Office Address 3950N56+h AVE AVE | 3. Mailing Office Address | DETERMENT AND A |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | REINSTATEMENT 00-01 |
| 10 L | City & State | 4. Date Incorporated or Qualified To Do Business in Florida AIR 19 1999 |
| Holly Wood | Holly Wood | 5. FEI Number Applied For Not Applicable |
| Zip 2/33021 Country | 7/33020 Country | CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required |
| 7. Name and Address of Current Registered Agent | | |
| Name Team & Chrowd Edward 50004435125-7 Street Address (P.O. Box Number is Not Acceptable) -06/21/01-01050-004 3950 N 56 th AVENUE ****908.75 *****908.75 Suite, Apt. #, Etc. | | |
| City Holly Wood State Zip Code FL 47 33021 | | |
| 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 MOST SIGN | | |
| 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 Ead Officer and/or Direct | |
| Pasident Jean Deamand Edorard 3950 N56 th AVE APT to 2 Hally Wood 333021 | | |
| VP - Sandan Edousia | , ,, | , |
| Secret Jean PilliPe | 1, | |
| tensus Kothy Edouard | 1(| v |
| theruse Roland Edman | 1 3956N56+LAI | Le Aption Holly Wood 37020 |
| ii ii | | |
| 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: S | | |