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
DIVISION OF CORPORATIONS
01 OCT -5 AM 5:07

400004649884--2
-10/23/01--01036--014
****900.00 ****900.00

REINSTATEMENT 00-01

DOCUMENT # P99000061219

1. Corporation Name
J. Douglas Group, Inc.

2. Principal Office Address	3. Mailing Office Address
400 Leeward Is.	140 Island Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Suite 299
City & State	City & State
Clearwater Beach FL	Clearwater Beach FL
Zip / Country	Zip / Country
33767 / USA	33767 / USA

4. Date Incorporated or Qualified To Do Business in Florida 06/28/99

5. FEI Number 59-3590079 ☐ 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: James D. Pulver

Street Address (P.O. Box Number is Not Acceptable): 400 Leeward Island

Suite, Apt. #, Etc.:

City: Clearwater Beach | State: FL | Zip Code: 33767

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: James D. Pulver — REGISTERED AGENT MUST SIGN — Date 10/2

CR2E061 (8/00)

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	James D. Pulver	400 Leeward Is	Clearwater Beach FL 33767
S	Robert H. Pulver	650 Island Way #406	Clearwater Beach FL 33767
T	Cassandra A. Stavros	650 Island Way #406	Clearwater Beach FL 33767
			AD

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.

FAX

SIGNATURE: James D. Pulver — 10/2 — 727-447-2800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #