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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 NOV 12 PM 4:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED AND FILED

DOCUMENT # P99000072161

1. Corporation Name
JAMES P. MCCRORY CO., INC.

REINSTATEMENT 2001-2002

2. Principal Office Address	3. Mailing Office Address
1440 S. Ocean Blvd.	1440 S. Ocean Blvd.
Suite, Apt. #, etc. Suite 9-D	Suite, Apt. #, etc. Suite 9-D
City & State Pompano Beach, Florida	City & State Pompano Beach, FL
Zip 33062 / Country Broward	Zip 33062 / Country Broward

4. Date Incorporated or Qualified To Do Business in Florida 8/12/99

5. FEI Number 65-0945439 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $30.00 Additional fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Steven O. Elkin, Esq.
Street Address (P.O. Box Number is Not Acceptable): 7805 S.W. 6th Court
Suite, Apt. #, Etc.:
City: Plantation State: FL Zip Code: 33324

8. I, being appointed the registered agent of the above-named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: [signature] Date: 11/12/02
REGISTERED AGENT MUST 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 Each Officer and/or Director	City / State / Zip
PST	Paul Lepine	1440 S. Ocean Road	Pompano Beach, FL 33062

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: [signature] Paul Lepine 11/12/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)521-1030

CORPORATION REINSTATEMENT

JAMES P. MCCRORY CO., INC.

Certificate of Status	1
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