

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 NOV 25 AM 9: 53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P99000090512**

1. Corporation Name

J.J Real Estate Investment Group, Inc.

2. Principal Office Address

318 35th Street

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33407

Country

3. Mailing Office Address

318 35th Street

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33407

Country

**REINSTATEMENT**

03

4. Date Incorporated or Qualified  
To Do Business in Florida

10/13/1999

5. FEI Number

65-0954002

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

Herbert Zimmer

Street Address (P.O. Box Number is Not Acceptable)

318 35th Street

Suite, Apt. #, Etc.

City

West Palm Beach

State  
**FL**

Zip Code

334097

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

Date

11/15/03

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
PVST	Hebert Zimmer	318 35th Street	West Palm Beach Fl, 33407

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/15/03

CR2E081 (10/02)