PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 DEC -7 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000108320

1. Corporation Name
JJH REALTY HOLDING, INC

2. Principal Office Address	3. Mailing Office Address
1320 S. DIXIE Hwy	
Suite, Apt. #, etc.: 881	Suite, Apt. #, etc.
City & State: CORAL GABLES, FL	City & State
Zip: 33146 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 12.15.99

5. FEI Number: 65-1139710 ☐ 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: MARK D. PRESS

Street Address (P.O. Box Number is Not Acceptable): 1320 S. DIXIE Hwy

Suite, Apt. #, Etc.: # 881

City: CORAL GABLES State: FL Zip Code: 33146

800062123368
12/13/05--01048--017 **30[illegible].75

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: _____ Date: 12.6.05
REGISTERED AGENT MUST SIGN

CR2E061 (01/05)

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/D	MARK D. PRESS	1320 S. DIXIE Hwy	CORAL GABLES, FL
		# 881	33146
		800062123368	
		12/13/05--01048--018 **600.00	

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: _____ MARK D. PRESS 12.6.05 305 531 9844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #