PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

03 JUN 16 AM 9: 49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P.99000110304

1. Corporation Name

JJB Land Holdings Inc.

REINSTATEMENT 02-03
200020973822
06/18/03--01043--036 **900.00

2. Principal Office Address

9456 NW 54 Doral Circle Lane

3. Mailing Office Address

3191 Coral Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

402A

4. Date Incorporated or Qualified To Do Business in Florida   December 21, 1999

City & State

Miami, Florida

City & State

Miami, Florida

5. FEI Number   65-1036060

Applied For

Not Applicable

Zip 33178   Country USA

Zip 33145   Country USA

6. CERTIFICATE OF STATUS DESIRED ☒

$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name   Kurt R Klaus Jr.

Street Address (P.O. Box Number is Not Acceptable)   3191 Coral Way Suite 402A

Suite, Apt. #, Etc.   402A

City   Miami, FL

State FL   Zip Code 33145

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 5/10/03

CR2E081 (9/01)

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
Director President	Barbara O'Donnel	9456 N.W 54 Doral Circle Lane	Miami, FL 33178
		200020973822 06/18/03--01043--036 **8.75	

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: Barbara O'Donnel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/11/03

Date

305 461 4447

Daytime Phone #