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
TALLAHASSEE, FLORIDA

01 SEP 17 PM 1:13

DOCUMENT #

1. Corporation Name
CVJ AND CHILDREN, INC.

S90007

REINSTATEMENT 00-01

2. Principal Office Address	3. Mailing Office Address
2059 NW 127 Avenue	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pembroke Pines, FL	City & State
Zip: 33028 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/23/91 SP

5. FEI Number: 65-0293188 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: VICTORIA JEDWAB

800004610838--3
-09/25/01--01082--002
****900.00 ****900.00

Street Address (P.O. Box Number is Not Acceptable): 2059 NW 127 Avenue

Suite, Apt. #, Etc.

City: Pembroke Pines State: FL Zip Code: 33028

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: Victoria Jedwab V.P. Date: 9/14/01
REGISTERED AGENT MUST SIGN

CR2E091 (9/95)

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
D,P	Chaim Jedwab	2059 NW 27 Avenue	Pembroke Pines, FL 33028
D,V	VICTORIA JEDWAB	2059 NW 27 Avenue	Pembroke Pines, FL 33028

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: Victoria Jedwab V.P. Victoria Jedwab 9/14/01 954-441-6440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #