


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS
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FILED

03 OCT 21 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V09075

1. Corporation Name

J. & R. CONSORTIUM, INC.

2003
4/13/03

Principal Place of Business

Mailing Address

3201 SE 11 STREET
UNIT #3
POMPANO BEACH FL 33062-6506
US

3201 SE 11 STREET
UNIT #3
POMPANO BEACH FL 33062-6506
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/24/1992

Suite, Apt., etc.

Suite, Apt., etc.

5. FEI Number

Applied For

City & State

City & State

65-0310577

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P/S	COOK, JAMES A	3201 SE 11 STREET	POMPANO BEACH FL 33062
V/T	CINANNI, RICHARD V	3201 SE 11 STREET	POMPANO BEACH FL 33062

500023965425
10/21/03--01040--014 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CINANNI, RICHARD V VP
3201 SE 11 STREET
UNIT #3
POMPANO BEACH FL 33062-6506

Name

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

Suite, Apt., Etc.

City

State
FL

Zip Code

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

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/10/2003

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/10/2003 924.447.5480

CR2E040 (7/03)