PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED
98 MAR 20 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: DOCUMENT # V51107

JJ & HB, INC.
d/b/a FROM ME to YOU.
3003 C-8 JAMAICA ROAD
BOCA RATON, FL. 33434

REINSTATEMENT 93-98

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address

City and State Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State Zip Code

4. Date Incorporated or Qualified To Do Business in Florida: July 15, 1992

5. FEI Number: 65-0345799

FEI Number Applied For ☐
FEI Number Not Applicable ☐

6. $8.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☒

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES	Ellen Heusttman	6523 N. Military Tr. #464	Boca Raton FL. 33496
TREA	Gerald Benjamin	550 Jefferson Dr #11C	Deerfield Bch FL 33442
Sec	Stuart Heusttman	401 SW 18th St.	Pompano Beach FL 33060

$8.75 3/20/98
400002484584--4
-03/23/98--01015--001
****158.75 ****158.75

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

9. If changed, new registered agent / office

Name: MARC H. HOFFMAN, P.A.

Street Address (Do NOT Use P.O. Box Number): 7251 W. PALMETTO PARK RD. #200

Street Address (Do NOT Use P.O. Box Number)

City: BOCA RATON State: FL Zip: 33433

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

Signature of Registered Agent: Marc H Hoffman Date: 3-18-98

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

13. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director: [signature] Date: 3/18/98 Daytime Phone # (561) 241-2442

Typed or printed name of signing officer or director: GERALD BENJAMIN