PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 98

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 AUG 24 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V63199

1. Corporation Name
JRA Marketing Representatives, Inc.

Principal Place of Business / Mailing Address
4081 N. FEDERAL HWY.
POMPANO BEACH, FL. 33064

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

2. New Principal Office Address, If Applicable: 4081 N. Federal Hwy
Suite, Apt. #, etc.
City & State: Pompano Beach, FL.
Zip: 33064 Country: USA

3. New Mailing Office Address, If Applicable: 4081 N. Federal Hwy.
Suite, Apt. #, etc.
City & State: Pompano Beach, FL.
Zip: 33064 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 09/09/1992

5. FEI Number: 65-0370043 — Applied For / Not Applicable

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)

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.	FERNANDA NAVES	4081 N. Federal Hwy	Pompano Beach, FL. 33064
			400002625254--0 08/26/98--01036--005 ***1000.00 ***1000.00
			93 98
		REINSTATEMENT	
			400002625254--0 08/26/98--01036--006 ***500.00

8. Name and Address of Current Registered Agent
MIRNA RODRIGUES A
1344 NW 80th TERRACE
PLANTATION, FL. 33322

9. Name and Address of New Registered Agent
Name: FERNANDA NAVES
Street Address (P.O. Box Number is Not Acceptable): 4081 N. FEDERAL HWY
Suite, Apt. #, Etc.
City: POMPANO BEACH State: FL Zip Code: 33064

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.

Signature of Registered Agent: Fernanda Naves — REGISTERED AGENT MUST SIGN Date: 8/21/98

11. 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.)

12. 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: Fernanda Naves 8/21/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR