

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 SEP 30 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V70888

1. Corporation Name

J.P.P. II Inc.

2. Principal Office Address

1014 JEFFERY ST.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip

33487

Country

USA

3. Mailing Office Address

1014 JEFFERY ST.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip

33487

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1992

5. FEI Number

05-0362847

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOSEPH PAUL PENZA

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

1014 JEFFERY STREET

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33487

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

Joseph Paul Penza
REGISTERED AGENT MUST SIGN

Date 9/20/03

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
PRES	JOSEPH PAUL PENZA	1014 JEFFERY STREET	BOCA RATON FL 33487
		STATEMENT 00-03	

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:

Joseph Paul Penza
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOSEPH PAUL PENZA

PRES

9/20/03

Date

(501)
248-7227
Daytime Phone #

CR2E081 (10/02)

Sep 30 03 12:59p

P. 1

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September 30, 2003

State of Florida
Division of Corporations
Attn: Tyrone Scott
Phone: (850)245-6805
Fax: (850)245-6017

Re: J.P.P. II Inc. 65-0362847

Dear Mr. Scott,

Please be advised that no notices were received in the year 2000 for J.P.P. II Inc. (FEI 65-0362847). Seven Hundred and Fifty dollars (\$750.00) has already been paid for this corporation. I would request that all associated late fees be waived. Please remove the \$650.00 UBR fees, and the certificate of status fee. Please also waive the \$35 fee associated with the name change as the previous name is no longer available.

Please note that the requested new name for the company is A1A Real Estate, Inc. This form was sent via certified mail earlier this month.

I appreciate all your help with this matter. Please call me directly at (561)248-7227 if I can provide any additional clarification or be of further assistance. My fax numbers are (305)254-6660 (days) and (561)997-6068.

Thanks again.

Sincerely,



Joseph Paul Penza
President