

L00000008493

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



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

FILED

02 NOV -8 PM 1:01

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # L00000008493

1. Limited Liability Company's Name

JONES, L.L.C.

2. Principal Office Address

11 CYPRESS AVENUE

3. Mailing Office Address

11 CYPRESS AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KEY WEST, FL

City & State

KEY WEST, FL

Zip

33040

Country

MONROE

Zip

33040

Country

MONROE

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified To Do Business in Florida

07/19/2000

6. FEI Number

APPLIED

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

BOHATCH, JOHN S.

800008881828

11/08/02--01010--001 \*\*150.00

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

2600 DOUGLAS ROAD

Suite, Apt. #, Etc.

PENTHOUSE 8

City

CORAL GABLES

State FL

Zip Code 33134

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

10. Names and Street Addresses of Managing Members/Managers

Table with 4 columns: Titles, Name of Managing Members/Managers, Street Address of Each Managing Member/Manager, City / State / Zip. Row 1: MGRM, JONES, TERRY MARK, 11 CYPRESS AVENUE, KEY WEST, FL 33040. Includes handwritten 'REINSTATEMENT 2002' and 'FINAL'.

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 Managing Member/Manager

[Handwritten Signature]

Date

10/28/02

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/01)