

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

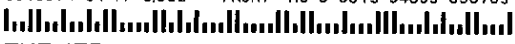
APPLICATION FOR REINSTATEMENT

SECRETARY OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

L01000010544

FILED
 2002 NOV 26 PM 12:18
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000010544
 Name and Mailing Address

0010374 01 FP 0.352 **PRSRT H8 O 0615 34639-630709

 THE JEFFERS GROUP LLC
 24909 HYDE PARK BLVD.
 LAND O LAKES FL 34639-6307



2. New Mailing Address SAME		4. State/Country of Formation FL	
City, State, Zip SAME		5. Date Organized or Qualified To Do Business in Florida 06/28/2001	
Principal Place of Business 24909 HYDE PARK BLVD. LAND O LAKES FL 34639	3. New Principal Place of Business Address SAME		6. FEI Number 59-375833
	City, State, Zip SAME		
8. Name and Address of Current Registered Agent JEFFERS, MARK 24909 HYDE PARK BLVD. LAND O LAKES FL 34639		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent	
		Name SAME	
		Street Address (P.O. Box Number is Not Acceptable)	
		City FL Zip Code	

CR2E084 (8/02)

10. 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 Mark D. Jeffers Date 8-23-02
 REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR.	MARK JEFFERS -	24909 Hyde Park - Blvd.	Land O Lakes, FL. 34639

900009228819
 11/26/02--01084--004 **150.00

REINSTATEMENT 2002

12. 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 Mark D. Jeffers Date 8-23-02 Daytime Phone # 813-907-6301
 Typed or printed name of signing Managing Member/Manager MARK D. JEFFERS