

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 JUN -2 PM 3: 17

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000021577

1. Limited Liability Company's Name
Jukara, LLC

CR2E041 (8/05)

2. Principal Office Address 417 Genius Drive		3. Mailing Office Address 417 Genius Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Winter Park, FL		City & State Winter Park, FL	
Zip 32789	Country USA	Zip 32789	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 12/13/2001	
6. FEI Number 36-4487097	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name Robert W. Miller	
Street Address (P.O. Box Number is Not Acceptable) 417 Genius Drive	
Suite, Apt. #, Etc.	
City Winter Park	State / Zip Code FL 32789

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 Robert W. Miller Date 6/2/2006
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
MGR	Robert W. Miller	417 Genius Drive	Winter Park, FL 32789

REINSTATEMENT 02-06

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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 Robert W. Miller Date 6/2/06 Daytime Phone # 407-619-3234
Typed or printed name of signing Managing Member/Manager Robert W. Miller