

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAY 14 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000117809

1. Limited Liability Company's Name

JADAV INVESTMENTS I, LLC

400128789934
05/08/08--01008--002 **521.25
CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 11768 W SAMPLE RD		3. Mailing Office Address 11768 W SAMPLE RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CORAL SPRINGS, FL		City & State CORAL SPRINGS, FL	
Zip 33065	Country USA	Zip 33065	Country USA

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 12/09/2005	
6. FEI Number 20-3919378	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
DAVID E. VOZZOLA

Street Address (P.O. Box Number is Not Acceptable)
11768 W SAMPLE RD

Suite, Apt. #, Etc.

City CORAL SPRINGS	State FL	Zip Code 33065
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A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 David E. Vozzola Date 5/3/08

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
MGRM	DAVID E. VOZZOLA	8688 NW 47 DR	CORAL SPRINGS, FL 33065
MGRM	DOREEN M. VOZZOLA	8688 NW 47 DR	CORAL SPRINGS, FL 33065

REINSTATEMENT 06-08

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 David E. Vozzola Date 5/3/08 Daytime Phone # (954)753-8600

Typed or printed name of signing Managing Member/Manager DAVID E. VOZZOLA