

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> Doc #L01000022170			
1. Limited Liability Company's Name 2626 N. Broadway Management, LLC			
2. Principal Office Address 920 Clearwater/Largo Rd.		3. Mailing Office Address PO. BOX 818	
City & State Largo, FL 33770 U.S.		City & State Clearwater, FL	
Zip 33757		Country US	
4. State/Country of Formation US		5. Date Organized or Qualified To Do Business in Florida 12/17/2001	
6. FEI Number 03-0374835		Applied For 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 Wolfe, Randolph J		600046644666	
Street Address (P.O. Box Number is Not Acceptable) 100 North Tampa st.		02/15/05--01041--016 **305.00	
Suite, Apt. #, Etc. Ste 2700			
City Tampa		State FL	Zip Code 33602
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 Rep J. Wolfe		Date	
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	JFK Investments, Inc.	920 Clearwater/Largo Rd.	Largo, FL 33770
REINSTATEMENT 2002-2005			
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 JFK		President of Member	
Typed or printed name of signing Managing Member/Manager James F. Kleinhans		Date 7-19-04 Daytime Phone # 8134042002	

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (10/02)