


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000071169 1. Entity Name JNE OF BOCA, INC.	
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FILED

06 OCT 17 PM 3: 01

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA


Principal Place of Business 5250 TOWN CENTER CIRCLE SUITE #125 BOCA RATON, FL 33486	Mailing Address 5250 TOWN CENTER CIRCLE SUITE #125 BOCA RATON, FL 33486
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc	Suite Apt #, etc
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City & State	City & State
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Zip	Country	Zip	Country
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10122006 REIN-P CR2E098 (11/05)

4. FEI Number 65-0939473	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LEVY, JOEL I 2101 CORPORATE BLVD. STE 317 BOCA RATON, FL 33431	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOVK, NINA	NAME	SAM
STREET ADDRESS	3420 S OCEAN BLVD APT 12R	STREET ADDRESS	400080933424
CITY-ST-ZIP	HIGHLAND BEACH, FL 33486	CITY-ST-ZIP	10/18/06--01007--012 **150.00
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEZDEK, EMMA	NAME	BEZDEK, EMMA
STREET ADDRESS	3770 VILLAGE DR	STREET ADDRESS	4232 GLEN EAGLES DRIVE
CITY-ST-ZIP	DELRAY BCH, FL	CITY-ST-ZIP	BOYNTON BEACH, FL; 33436
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:  **EMMA BEZDEK** 10/12/06 561-504-3315

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #