

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # F04000006697</b> 1. Entity Name <b>SOVEREIGN JF, SPE MANAGER, INC.</b>				 <div style="text-align: right; font-weight: bold; font-size: 1.2em;">FILED</div> <div style="text-align: right; font-weight: bold;">05 OCT 19 PM 4:04</div> <div style="text-align: right; font-weight: bold; font-size: 0.8em;">STATE OF FLORIDA</div>	
Principal Place of Business <b>777 CALIFORNIA AVENUE PALO ALTO, CA 94304</b>		Mailing Address <b>777 CALIFORNIA AVENUE PALO ALTO, CA 94304</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		

**REINSTATEMENT** (6/04) **05**

4. FEL Number <b>20-0319913</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b> <b>NRAI SERVICES, INC.</b> <b>2731 EXECUTIVE PARK DRIVE</b> <b>SUITE 4</b> <b>WESTON, FL 33331</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold; font-size: 1.2em;">FL</div> <div style="text-align: right;">Zip Code</div>
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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 *Liz Bahman* - Liz Bahman, Assistant Secretary 10-17-05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2006, Fee will be \$300.00</b>	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																																																																																																																							
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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: x Robert H. Kennis Secretary 10-13-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #