

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED

FILED

02 MAY -1 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L00000000132**

1. Limited Liability Company's Name

J B HOLD, LLC

REINSTATEMENT

2001-2002

2. Principal Office Address

420 US Highway One

Suite, Apt. #, etc.

Suite 15

City & State

North Palm Beach, FL

Zip

33408

Country

USA

3. Mailing Office Address

420 US Highway One

Suite, Apt. #, etc.

Suite 15

City & State

North Palm Beach, FL

Zip

33408

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

January 5, 2000

6. FEI Number

65-0976559

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Robert T. Knox

Street Address (P.O. Box Number is Not Acceptable)

721 Huckleberry Lane

Suite, Apt. #, Etc.

City

North Palm Beach

State
FL

Zip Code

33408

300005501513--2

05/10/02 01001-001

******205.00 ***205.00**

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 T. Knox

REGISTERED AGENT MUST SIGN

Date

April 30, 2002

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
Mgt	Jack J. Enterline	1010 Grandview Blvd	Ft. Pierce, FL 34982
mgt	Robert T. Knox	721 Huckleberry Lane	North Palm Beach, FL 33408

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 T. Knox, Manager

Date

April 30, 2002

Daytime Phone #

561-627-1734

Typed or printed name of signing Managing Member/Manager

Robert T. Knox

CR2E041 (9/01)

2082

ROBERT T. KNOX
721 HUCKLEBERRY LANE
NORTH PALM BEACH
FLORIDA 33408
TELEPHONE 561-627-1734
FAX 561-627-3235

April 30, 2002

Department of State
Division of Corporations

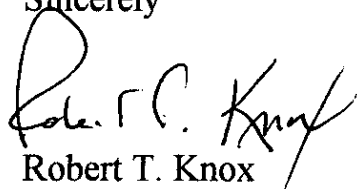
RE: J B Hold, LLC

Gentlemen:

Please forward the Certificate of Status for the above referenced
Company directly to Robert T. Knox, 721 Huckleberry Lane, North
Palm Beach, Florida, 33408.

Thank you for your cooperation.

Sincerely


Robert T. Knox