

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 19 PM 5:29

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L000000004188

1. Limited Liability Company's Name
J. Peaceful, L.C.

2. Principal Office Address
7770 Preserve Lane

3. Mailing Office Address
7675 Santa Margherita Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Naples, Florida

City & State
Naples, Florida

Zip
34119

Country
U.S.A.

Zip
34109

Country
U.S.A.

4. State/Country of Formation
Florida, U.S.A.

5. Date Organized or Qualified
To Do Business in Florida October 19, 200

6. FEI Number 59-365-1402

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 Bolanos, Truxton & Youngs, P.A. Bolanos Truxton, P.A.

Street Address (P.O. Box Number is Not Acceptable) 12800 University Drive

Suite, Apt. #, Etc. Suite 340 Suite 350

City Fort Myers

100024703171
11/14/03 01:03:00
State FL Zip Code 33907

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 Greg Stumpf 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
Mgr	Georges Chami	7675 Santa Margherita Way	Naples, Florida 34109

REINSTATEMENT 03
Dec

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 Georges Chami Date 10/15/03 Daytime Phone # (239) 594-8696

Typed or printed name of signing Managing Member/Manager Georges Chami

EVI 203

CR2E041 (10/02)