

▲ Tear Here ▲

▲ Tear Here ▲

▲ Tear Here ▲

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

1. DOCUMENT # L00000005580

Name and Mailing Address

03 MAY -6 PM 12:22

WR 5/6

0010020 01 FP 0.352 **PRSR H6 0 0615 33480-431299



FJK MANAGEMENT, LLC
 230 ROYAL PALM WAY
 PALM BEACH FL 33480-4312



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 05/11/2000	
Principal Place of Business 230 ROYAL PALM WAY PALM BEACH FL 33480	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 01-0656774 APPLIED FOR	Applied For Not Applicable
8. Name and Address of Current Registered Agent KEITEL, FREDERICK J III 230 ROYAL PALM WAY STE. 401 PALM BEACH FL 33480		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
10. 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: <i>Frederick J. Keitel III</i> Date: 1/20/03 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	KEITEL, FREDERICK J III	230 ROYAL PALM WAY, STE. 401	PALM BEACH FL 33480

12. 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

Frederick J. Keitel III
 Managing Member/Manager
 Date: 1/20/03

Daytime Phone # 561 835 0888

Typed or printed name of signing Managing Member/Manager

FREDERICK J. KEITEL III

CR2E084 (8/02)