
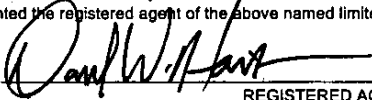
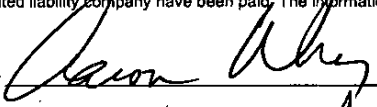


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L00000006610			
1. Limited Liability Company's Name J. Bonds Investments, LLC			
2. Principal Office Address 83 U.S. Highway 98 Suite, Apt. #, etc. Suite C City & State Eastpoint, FL Zip 32328 Country U.S.A.		3. Mailing Office Address 83 U.S. Highway 98 Suite, Apt. #, etc. Suite C City & State Eastpoint, FL Zip 32328 Country U.S.A.	
4. State/Country of Formation Florida, U.S.A.		5. Date Organized or Qualified To Do Business in Florida 06/05/2000	
6. FEI Number 270469765		Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent			
Name Daniel W. Hartman, Esq.			
Street Address (P.O. Box Number is Not Acceptable) 207 W. Park Avenue			
Suite, Apt. #, Etc. Suite B			
City Tallahassee		State FL	Zip Code 32301
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  Date 12-20-04 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
MGRM	Aaron Wray	83 U.S. Highway 98, Suite C	Eastpoint, FL 32328
REINSTATEMENT 2004			
200043808282 01/08/05--01046--003 **150.00			
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  Date 12/21/04 Daytime Phone# (850)670-8900 Typed or printed name of signing Managing Member/Manager AARON WRAY			

FILED

04 DEC 27 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BK

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CR2E041 (10/02)