


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 01 DEC 26 AM 10:29 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>L00000008592</u>					
1. Limited Liability Company's Name <u>J Montelone Investments, LLC</u>					
2. Principal Office Address <u>5131 Jungle Plum Rd</u> <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address <small>Suite, Apt. #, etc.</small>		4. State/Country of Formation <u>SARASOTA FL</u>	
City & State <u>Sarasota FL</u>		City & State 		5. Date Organized or Qualified To Do Business in Florida 	
Zip <u>34242</u>	Country 	Zip 	Country 	6. FEI Number <u>Applied FC</u>	Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$300 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent					
Name <u>John Montelone</u>					
Street Address (P.O. Box Number is Not Acceptable) <u>5131 Jungle Plum Rd</u>					
Suite, Apt. #, Etc. 					
City <u>Sarasota</u>					
State <u>FL</u>					
Zip Code <u>34242</u>					
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 <u>[Signature]</u>				Date <u>12/17/01</u>	
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		
<u>Pres.</u>	<u>John Montelone</u>	<u>5131 Jungle Plum Rd</u>	<u>Sarasota FL 34242</u>		
REINSTATEMENT <u>01 DEC 26</u> <u>del</u>					
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 <u>[Signature]</u>					
Date <u>12/19</u>					
Daytime Phone # <u>941 7249200</u>					
Typed or printed name of signing Managing Member/Manager <u>John Montelone</u>					

CR2E041 (9/01)