

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L00000010595 1. Limited Liability Company's Name J & J SALES LLC			
2. Principal Office Address 4431 DEERWOOD COURT Suite, Apt. #, etc.		3. Mailing Office Address 4431 DEERWOOD COURT Suite, Apt. #, etc.	
City & State BONITA SPRINGS, FL		City & State BONITA SPRINGS, FL	
Zip 34134	Country USA	Zip 34134	Country USA
4. State/Country of Formation FLORIDA, USA		5. Date Organized or Qualified To Do Business in Florida SEPT. 1, 2000	
6. FEI Number		Applied For <input checked="" 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 BRIAN E. DOWLING			
Street Address (P.O. Box Number is Not Acceptable) 4431 DEERWOOD COURT			
Suite, Apt. #, Etc.			
City BONITA SPRINGS		State FL	Zip Code 34134
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 <i>Brian E. Dowling</i>		Date 11-27-01	
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	BRIAN E. DOWLING	4431 DEERWOOD COURT	BONITA SPRINGS, FL 34134
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 <i>Brian E. Dowling</i>		Date 11-27-01	
Typed or printed name of signing Managing Member/Manager		Daytime Phone # (941) 495-3208	
BRIAN E. DOWLING			

FILED

01 NOV 30 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600004717676--7
-12/10/01--01119--027
****150.00 ****150.00

CR2E041 (9/00)