

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800024379548
11/03/03--01057--020 **150.00

1. DOCUMENT # L00000011497

Name and Mailing Address

0010297 01 AT 0.292 **AUTO T7 3 0615 33785-267548
JAMIE HOLDING COMPANY, LLC
148 MARCDALE BLVD.
INDIAN ROCKS BEACH FL 33785-2675



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/21/2000	
Principal Place of Business 148 MARCDALE BLVD. INDIAN ROCKS BEACH FL 33785	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 59-3587193	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

CR2E084 (7/03)

8. Name and Address of Current Registered Agent YADLEY, GREGORY C 101 E. KENNEDY BLVD., SUITE 2800 TAMPA FL 33602	9. Name and Address of New Registered Agent Name: NOREEN LEZDEY Street Address: 148 MARCDALE BLVD City: INDIAN ROCKS BEACH FL Zip Code: 33785
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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: Noreen Lezdey **SIGNATURE REQUIRED** Date: 10/29/03
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	LEZDEY, JARETT	148 MARCDALE BLVD.	INDIAN ROCKS BEACH FL 33785
MGRM	LEZDEY, JOHN	731 QUAIL KEEP DRIVE	SAFETY HARBOR FL 34895-4411
MGRM	LEZDEY, NOREEN	731 QUAIL KEEP DRIVE	SAFETY HARBOR DRIVE FL 34895-4411
MGRM	LEZDEY, DARREN	148 MARCDALE BLVD.	INDIAN ROCKS BEACH FL 33785
REINSTATEMENT <u>03</u> dec			

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: Noreen Lezdey **SIGNATURE REQUIRED** Date: 10/29/03 Daytime Phone: (727) 539-0633

Typed or printed name of signing Managing Member/Manager: NOREEN LEZDEV