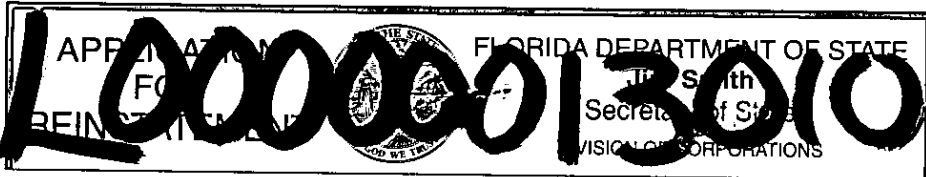


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FILED

1. DOCUMENT # L00000013010

02 NOV 18 AM 8:40

Name and Mailing Address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0008875 01 FP 0.352 **PRSRT H9 D 0615 32004-324242



JCJ PUBLISHING, LLC

P.O. BOX 3242

PONTE VEDRA BEACH FL 32004-3242

Have check



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 4613 PHILIPS HWY, STE. 202 JACKSONVILLE FL 32207		5. Date Organized or Qualified To Do Business in Florida 10/24/2000	
3. New Principal Place of Business Address #101 10033 Sawgrass Dr W City, State, Zip Ponte Vedra Beach, FL 32082		6. FEI Number 59-3681353 APPLIED FOR Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
8. Name and Address of Current Registered Agent LATSHAW, JOHN H JR. PATTERSON, BOND & LATSHAW, P.A. 3010 SOUTH THIRD ST. JACKSONVILLE BEACH FL 32250		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: <i>Constantino</i> Street Address (P.O. Box Number is Not Acceptable): 10033 Sawgrass Dr. W Ste 101 City: Ponte Vedra Beach FL 32082 500008804715 1/05/02--01049--001 #158.00	
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>[Signature]</i> Date: 11/15/02 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
MGR	JCJ SALES & MARKETING, INC.	123 GLEN COVE PLACE 10033 SAWGRASS DR. W. #101	PONTE VEDRA BEACH FL 32082
Member	Jessica Anna Holdings	POB	
REINSTATEMENT			

CR2EC84 (8/02)

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: *[Signature]* Date: 10/31/02 Daytime Phone #: 280-5151

Typed or printed name of signing Managing Member/Manager