

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1082

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC -2 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000014373

Name and Mailing Address

0010037 01 FP 0,352 **PRSRH H6 0 0615 33480-342944



JUTTRIS, L.L.C.

644 NORTH LAKE WAY

PALM BEACH FL 33480-3429



502101900922

50.00

2. New Mailing Address

City, State, Zip

Principal Place of Business

644 NORTH LAKE WAY
PALM BEACH FL 33480

3. New Principal Place of Business Address

City, State, Zip

4. State of Florida
FL

5. Date Organized or Qualified
To Do Business in Florida
11/15/2000

6. FEI Number 65-1074212
APPLIED FOR
Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

ABRAMSON, LAWRENCE A
1860 FOREST HILL BLVD, STE 200
WEST PALM BEACH FL 33460

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

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 | TICE, KENNETH J | 644 NORTH LAKE WAY | PALM BEACH FL |
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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

Date

Nov 25, 2002

Daytime Phone #

561 848 5762

Typed or printed name of signing Managing Member/Manager

2 of 2

Juttris LLC

644 North Lake Way, Palm Beach, FL 33480-3429

November 25, 2002

Ms. Dianne Cushin
Division of Corporations
Registration Section
PO Box 6327
Tallahassee, FL 32314-6327

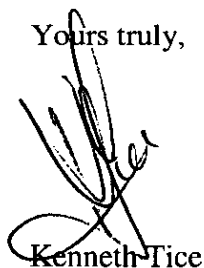
Dear Ms. Cushin:

Reference: Document # L00000014373

Please be advised that I did not receive the letter or the letter may have been misplaced requesting a FEI number. The filing was done timely and the State did receive the fee. Please add my EIN number 65-1074212 to the record.

Thank you for your cooperation.

Yours truly,



Kenneth Tice

JUTTRIS