

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L00000015406

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2003 OCT 23 PM 12:27
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000015406
Name and Mailing Address

0010800 01 AT 0.292 **AUTO T9 0 0615 34233-182653
J.B.G., LLC
4453 VIOLET AVE.
SARASOTA FL 34233-1826



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 4453 VIOLET AVE. SARASOTA FL 34232		5. Date Organized or Qualified To Do Business in Florida 01/02/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-1061450	
		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 PREWETT, DANIEL L 5777 BENEVA ROAD SOUTH SARASOTA FL 34233		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 *[Signature]* **SIGNATURE REQUIRED** Date 10/18/03
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
MGR	GRANBOUCHE, JANE BEST	4453 VIOLET AVE.	SARASOTA FL 34232
500024043125 10/23/03--01024--010 **150.00			
REINSTATEMENT <u>2003</u>			

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]* **SIGNATURE REQUIRED** Date 10/20/03 Daytime Phone # 941 926-1511
Typed or printed name of signing Managing Member/Manager J.B.G., LLC JANE BEST GRANBOUCHE

CR2E084 (7/03)