

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L000000016102			
1. Limited Liability Company's Name JNC DESIGNS LC			
REINSTATEMENT 2003			
2. Principal Office Address 5120 51ST WAY Suite, Apt. #, etc.		3. Mailing Office Address 16372 SW 102 ST Suite, Apt. #, etc.	
City & State WEST PALM BEACH, FL		City & State MIAMI, FL	
Zip 33409	Country USA	Zip 33196	Country USA
4. State/Country of Formation FLORIDA / MIAMI		5. Date Organized or Qualified To Do Business in Florida 01/01/01	
6. FEI Number 65-1063166		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	

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12/18/04

8. Name and Address of Current Registered Agent		
Name JEAN CARLO CALMET		
Street Address (P.O. Box Number is Not Acceptable) 5120 51ST WAY		
Suite, Apt. #, Etc.		
City WEST PALM BEACH	State FL	Zip Code 33409

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12/20/03

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
PRESIDENT	JEAN CARLO CALMET	5120 51ST WAY	WEST PALM BEACH/FL/33409
VICE PRESIDENT	NELSON A. CACERES	5120 51ST WAY	WEST PALM BEACH/FL/33409
REINSTATEMENT 2003			

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

[Signature]

Date 12/20/03 Daytime Phone # 561-767 0443

Typed or printed name of signing Managing Member/Manager JEAN CARLO CALMET