

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
L01000000553

02 DEC 12 AM 9:28
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000000553
 Name and Mailing Address

0005320 01 FP 0.352 **PRSRT T6 0 0615 33767-296528
 JG SOLUTIONS, LLC
 1560 GULF BLVD., UNIT 503
 CLEARWATER FL 33767-2965

000009485390
 12/12/02--01032--001 **150.00



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 01/11/2001	
Principal Place of Business 1560 GULF BLVD., UNIT 503 CLEARWATER FL 33767	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 52-2294645	Applied For Not Applicable
8. Name and Address of Current Registered Agent GAGLIARDI, JOSEPH J 1560 GULF BLVD., UNIT 503 CLEARWATER FL 33767		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 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 <u>Joseph J. Gagliardi</u> Date <u>12/9/02</u> 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
President	Joseph J. GAGLIARDI	1560 GULF BLVD, UNIT 503	CLEARWATER, FL 33767
Sec-- Treasurer	REGINA M. GAGLIARDI	1560 GULF BLVD UNIT 503	CLEARWATER, FL 33767

REINSTATEMENT 2002

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 Joseph J. Gagliardi Date 12/9/02 Daytime Phone # 727-593-0422
 Typed or printed name of signing Managing Member/Manager JOSEPH J. GAGLIARDI

CR2E084 (8/02)