

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL 21 AM 11:19

DOCUMENT # L01000000831

1. Limited Liability Company's Name

JWC L.L.C.

2. Principal Office Address

4201 N. Ocean Blvd

Suite, Apt. #, etc.

Ste. 1002-C

City & State

Boca Raton, FL

Zip

33431

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E041 (8/05)

[Handwritten initials]

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

12/2000

6. FEI Number

051062815

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

Name

Marie Lupo

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

10105 NW 69th Manor

Suite, Apt. #, Etc.

City

Parkland

State

FL

Zip Code

33076

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

Marie Lupo

REGISTERED AGENT MUST SIGN

Date

7/11/06

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
P	John Winkler	4201 N. Ocean Blvd St.	1002C Boca Raton FL 33431
VP	Jacqueline Castillo	595 N. Ocean Blvd	Boca Raton FL 33432
			200078226852 08/01/05--01043--021 **300.00
			REINSTATEMENT 03-06

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

Jacqueline Castillo

Date

7/12/06

Daytime Phone #

5617037960

Typed or printed name of signing Managing Member/Manager

Jacqueline Castillo