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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L01000001129

APPLICATION FOR REINSTATEMENT

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

FILED
03 FEB 18 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000001129

Name and Mailing Address

0009735 01 FP 0.352 **PRSRT H4 0 0615 32931-240406

JOSMAN, L.L.C.
106 WEST BAY DRIVE
COCOA BEACH FL 32931-2404

10/4/02

CR2E084 (8/02)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 01/23/2001

Principal Place of Business: 106 WEST BAY DRIVE, COCOA BEACH FL 32931

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number: 06-1611448 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED [X] $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

KANCILIA, JOHN R ESQ.
GRAY, HARRIS & ROBINSON, P.A.
1800 WEST HIBISCUS BLVD. SUITE 138
MELBOURNE FL 32901

9. Name and Address of New Registered Agent

Name: MANUEL RAMIREZ
Street Address (P.O. Box Number is Not Acceptable): 106 WEST BAY DRIVE
City: COCOA BEACH, FL 32931 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: [signature] Date: 2/11/03
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
MGRM OWNER	MANUEL RAMIREZ	12 HIGH MEADOW ROAD NORTH	SADDLE RIVER, NJ 07458

200012603612
02/18/03--01015--005 **205.00

REINSTATEMENT 2002-2003

MK

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] Date: 2/11/03 Daytime Phone # (201) 934-6226

Typed or printed name of signing Managing Member/Manager: MANUEL RAMIREZ