APPLICATION FOR REINSTATEMENT



Secretary of State **DIVISION OF CORPORATIONS**

1. DOCUMENT # L01000001129

Name and Mailing Address

FILED 03 FEB 18 AM 8:53

0009735 01 FP 0,352 **PRSRT H4 0 0615 32931-240406 follochlidentlindlichdelillindellicenteitlich JOSMAN, L.L.C. 106 WEST BAY DRIVE COCOA BEACH FL 32931-2404



2. New Mailing Address						4. State/Country of Formation FL			
City, State, Zip						To Do Business in Florida 01/23/2001			
Principal Pla	ace of Business	incipal Place of Business Address		6. FEI Number		Applied For			
106 WEST BAY DRIVE COCOA BEACH FL 32931					06-1611448			Not Applicable	
		City, State, Zip			CERTIFICATE OF STATUS DESIRED X \$5.00 Additional Fee required for a Certificate of Status				
	8. Name and Address of Curren	Registered Ag	ent	America C	9. Name and	Address of New Reg	istered A	gent	
			Name MANUEL RAMIREZ						
	ICILIA, JOHN R ESQ. AY, HARRIS & ROBINSON, P. <i>i</i>	Δ	E 138		Address (P.O. Box Number is Not Acceptable) 106 WEST BAY DRIVE COCOA BEACH, FL 32931				
1800	O WEST HIBISCUS BLVD. SU								
MEL	BOURNE FL 32901								
							FL	Zip Code	
11. Names	and Street Addresses of Each Managin	the same of the same	ENT MUŠT SIGN ger	e e e e e e e e e e e e e e e e e e e	TO STANDAR MERCULA FIRSTAN	ANTARAM ALA LA SERVICIO DE LA SERVICIO DEL SERVICIO DEL SERVICIO DE LA SERVICIO DEL SERVICIO DEL SERVICIO DE LA SERVICIO DE LA SERVICIO DE LA SERVICIO DEL SERVICIO DE			
Title(s)	Name of Managing Members/Managers	<u>-</u>	Stre	eet Address of Ea					
marm					<u>. </u>				
WNER	MANUEL RAMIREZ		12 HIGH MEADOW ROAD NORTH			SADDLE RIVER, NJ 07458			
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all fees	that I am managing member/manager of s reinstatement application the reason for owed by the limited liability company has ade under oath.	r disso⊯ition has	been eliphinated, the	limited liability con	nnany name satisfie	es the requirements of	f section 6	OR 406 ES and that	

23 Daytime Phone # (201) 934–6226