L01000002101

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

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

FILED
02 NOV 18 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/18/02--01015--002 **155.00

DOCUMENT # L01000002101

1. Limited Liability Company's Name

JHL, LLC

11/14/02

2. Principal Office Address	**3.** Mailing Office Address
909 N. DIXIE HWY	909 N. DIXIE HWY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WEST PALM BEACH, FL	City & State: WEST PALM BEACH, FL
Zip: 33401 Country: PALM BEACH	Zip: 33401 Country: PALM BEACH

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida: 2/7/01

6. FEI Number: [X] 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

Name: GARY S. LESSER

Street Address (P.O. Box Number is Not Acceptable): 909 N. DIXIE HIGHWAY

Suite, Apt. #, Etc.:

City: WEST PALM BEACH State: FL Zip Code: 33401

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: X Gary Lesser Date: 11/ /02

REGISTERED AGENT MUST SIGN

CR2E041 (9/01)

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
MGRM	GARY S. LESSER	909 N. DIXIE HWY	WEST PALM BEACH, FL 33401

REINSTATEMENT 2002

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: X Gary Lesser Date: 11/14/02 Daytime Phone # 561-655-2028

Typed or printed name of signing Managing Member/Manager: GARY S. LESSER