

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRET
DIVISION OF CORPORATIONS

06 JAN 27 AM 11:35

DOCUMENT # L01000004573

1. Limited Liability Company's Name
JFAF Partners, L.L.C.

200065193652
02/06/06--01013--027 **\$380.00

CR2E041 (8/05)

2. Principal Office Address
1999 Lincoln Dr.

Suite, Apt. #, etc.
Suite 101

City & State
Sarasota, Florida

Zip
34236

Country
USA

3. Mailing Office Address
P.O. Box 49528

Suite, Apt. #, etc.

City & State
Sarasota, Florida

Zip
34230

Country
USA

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida 3/26/01

6. FEI Number
90-0175930

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
John C. Malkin

Street Address (P.O. Box Number is Not Acceptable)
1999 Lincoln Dr.

Suite, Apt. #, Etc.
Suite 101

City
Sarasota

State
FL

Zip Code
34236

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

REGISTERED AGENT MUST SIGN

Date 1/19/06

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
MGMR	James S. Feldbaum, M.D.	1999 Lincoln Dr., Suite 101	Sarasota, FL 34236
MGMR	Richard B. Bergman	1999 Lincoln Dr., Suite 101	Sarasota, FL 34236
MGMR	Rev. Trust of Robert A. Malkin	1999 Lincoln Dr., Suite 101	Sarasota, FL 34236

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

Date 1/24/06

Daytime Phone # 941-266-0426

Typed or printed name of signing Managing Member/Manager

JAMES FELDBAUM