

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

AND
FILED

02 NOV -6 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000005295

Name and Mailing Address

0006573 01 FP 0.352 **PRSRT TO O 0615 33781-101920



JACKFAR, L.L.C.
8320 73RD COURT NORTH
PINELLAS PARK FL 33781-1019

600008828566
11/06/02--01063--001 **50.00



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 8320 73RD COURT NORTH PINELLAS PARK FL 33781		5. Date Organized or Qualified To Do Business in Florida 04/05/2001	
3. New Principal Place of Business Address 14560 Gulf Blvd. City, State, Zip MADEIRA BEACH, FL 33708		6. FEI Number 59-3713582 Applied For Not Applicable	
8. Name and Address of Current Registered Agent HOFSTRA, PETER T ESQ. 8640 SEMINOLE BLVD. SEMINOLE FL 33772		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name JACK Ayoub Street Address (P.O. Box Number is Not Acceptable) 8320 73rd COURT City Pinellas PARK FL Zip Code 33781			
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 <i>Jack Ayoub</i> Date 10-29-02 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
MGR	AYOUB, JACK	8320 73RD COURT NORTH	PINELLAS PARK FL 33781

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 *Jack Ayoub* Date 10/29/02 Daytime Phone # 727-580-8646

Typed or printed name of signing Managing Member/Manager

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JACKFAR, L.L.C.

14560 Gulf Blvd.
Madeira Beach, Florida 33708

Phone : (727) 319-6393

Fax : (727) 546-9662

October 29, 2002

Florida Department of State
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, Fl. 32314

To whom it may concern,

I am writing this letter because I have not received the 2002 uniform business report. I only received the Dissolution or Revocation form.

Please be advised of the address change and also the change of the Registered Agent.

Enclosed is a check for the amount of \$ 50.00 , check # 1465

Thanking you for your attention to this matter.

Sincerely,



Jack Ayoub
Jackfar, L.L.C.
Registered Agent

10-30-02

Norma J. Tompkins

