

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 18 AM 9:2

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000007297

Name and Mailing Address

0008120 01 AT 0.292 **AUTO TO 0 0615 33305-133324



J.E.M. LANDMARK L.L.C.
1524 N.E. 24TH STREET
WILTON MANORS FL 33305-1333



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 05/07/2001	
Principal Place of Business 1524 N.E. 24TH STREET WILTON MANORS FL 33305	3. New Principal Place of Business Address	6. FEI Number 65-1112134	Applied For Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
MANORS, WILTON 1524 N.E. 24TH STREET WILTON MANORS FL 33305	Name ELSIE CHAN Street Address (P.O. Box Number is) 1524 NE 24TH ST Wilton Manors City FL Zip Code 33305

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] REQUIRED Date Dec. 5, 2003

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	CHAN, ELSIE	1524 NE 24TH ST.	WILTON MANORS FL 33305
			500025594875 12/18/03--01020--003 **150.00
			REINSTATEMENT 03
			[Signature]

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] REQUIRED Date Dec 5, 2003 Daytime Phone # 954-564-5843

Typed or printed name of signing Managing Member/Manager