


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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FILED

2004 JUL 19 A 10:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800039876278

08/04/04--01060--001 \*\*205.00

DOCUMENT # **L01000011561**

1. Limited Liability Company's Name

**JJ + B Realty LLC**

2. Principal Office Address

**9964 Sandfoot Blvd.**

Suite, Apt. #, etc.

3. Mailing Office Address

**601 5<sup>th</sup> Ave.**

Suite, Apt. #, etc.

City & State

**Boca Raton FL**

Zip

**33428**

Country

**USA**

City & State

**Brooklyn NY**

Zip

**11215**

Country

4. State/Country of Formation

**USA**

5. Date Organized or Qualified  
To Do Business in Florida

**7/16/01**

6. FEI Number

**651122576**

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

**James P. Quigney JR.**

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

**21215 LAGO Circle**

Suite, Apt. #, Etc.

City

**Boca Raton**

State

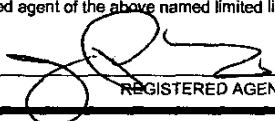
**FL**

Zip Code

**33433**

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

**7/19/04**

10. Names and Street Addresses of Managing Members/Managers

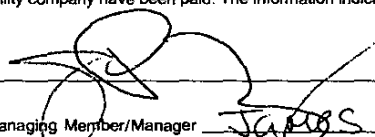
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Pres	James P. Quigney JR	21215 LAGO Circle	Boca Raton FL 33433

REINSTATEMENT  
REINSTATEMENT

**03 04 04**  
**dc**

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

**7/19/04**

Daytime Phone #

**(718) 832-0400**

Typed or printed name of signing Managing Member/Manager

**JAMES P. QUIGNEY JR.**

CR2ED41 (10/02)