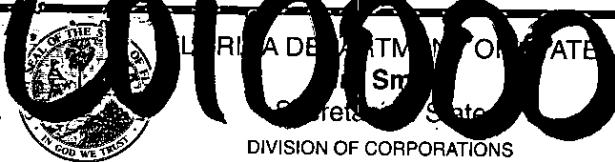


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



DIVISION OF CORPORATIONS

03 FEB -7 PM 4:39

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1. DOCUMENT # L01000014199

Name and Mailing Address

0011579 01 SP 0.370 \*\*SGLP

0615 33433

J & J CONSULTING, LLC  
7498 DUBLIN DRAIVE  
BOCA RATON FL 33433

MJH



2/7 2002-2003

<b>2. New Mailing Address</b> City, State, Zip		<b>4. State/Country of Formation</b> FL	
<b>Principal Place of Business</b> 7498 DUBLIN DRAIVE BOCA RATON FL 33433		<b>5. Date Organized or Qualified To Do Business in Florida</b> 08/20/2001	
<b>3. New Principal Place of Business Address</b> City, State, Zip		<b>6. FEI Number</b> 36-4464150 <b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>8. Name and Address of Current Registered Agent</b> HARRIS, JEFFREY T 7498 DUBLIN DRIVE BOCA RATON FL 33433		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
<b>9. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
<b>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.</b> Signature of Registered Agent <i>Jeffrey Harris</i> Date 10/28/02 REGISTERED AGENT MUST SIGN			
<b>11. Names and Street Addresses of Each Managing Member/Manager</b>			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Jeffrey Harris	same as above	same as above
		800009619488 02/07/03--01048--002--**50.00-	
		800009619488 12/20/02--01070--002--**155.00	

CR2E084 (8/02)

**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

*Jeffrey Harris*

Date 10/28/02

Daytime Phone # 561 414 9065

Typed or printed name of signing Managing Member/Manager

XXXX Jeffrey Harris