

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

APPLICATION
FOR
REINSTATEMENT



Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 JUN -6 AM 8:47

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000015837

Name and Mailing Address

0002176 01-PP 0,352 **PRST 77 0 0615 33143-651398



JK HOLDINGS, LLC
398 ISLA DORADA BLVD.
CORAL GABLES FL 33143-6513



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/14/2001	
Principal Place of Business 398 ISLA DORADA BLVD. CORAL GABLES FL 33143	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 54-2106473	Applied For Not Applicable
8. Name and Address of Current Registered Agent ROSENBERG, LEONARD L ESQ. 5200 BLUE LAGOON DRIVE SUITE 600 MIAMI FL 33126		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 ROSSZ Fiu CORP. Street Address (P.O. Box Number is Not Acceptable) 204 SOUTH BISCAYNE BLVD. SUITE 850 City MIAMI FL Zip Code 33131			
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>Rosze Fiu Corporation</i> <i>By [Signature] President</i> Date <i>12/16/02</i> 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	MARN-CHAPUIS, JACQUELINE	398 ISLA DORADA BLVD.	CORAL GABLES FL 33143
			400009575854 12/18/02--01035--003 **150.00
			400009575854 06/10/03--01015--001 **50.00
REINSTATEMENT 2002-03			

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]* Date *12/10/02* Daytime Phone # *305-7409042*

Typed or printed name of signing Managing Member/Manager *JACQUELINE MARN-CHAPUIS*

CR2E084 (8/02)

COHEN | FOX P.A.

ATTORNEYS AT LAW

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Jan Carson Cheezem

JCC@CohenFox.com

June 6, 2003

Mr. Joey Bryan
Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314


Re: JK Holdings, LLC

Dear Mr. Bryan:

As you requested in our telephone conversation of June 4th, enclosed is a copy of the Application for Reinstatement with the FEI number along with a check in the amount of \$50.00, to complete the reinstatement of the above company. You had told me that you were holding the check for \$150.00 that we sent to you on December 16, 2002 along with the original application for reinstatement because you did not have the FEI number.

Could you please send the confirmation of reinstatement to the address on this letterhead to my attention? We will then forward a copy to our client, since she is out of the country. If you need anything further please contact me. Thank you for your help.

Sincerely,



Amy Salvatore
Assistant to Jan Carson Cheezem

as
enclosure