

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 MAR -7 AM 9: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 101000016364

1. Limited Liability Company's Name
JFS GROUP, LLC

2. Principal Office Address - No P.O. Box # <u>8351 81ST CT N</u>		3. Mailing Office Address <u>8351 81ST CT N</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>LARGO, FL</u>		City & State <u>LARGO, FL</u>	
Zip <u>33777</u>	Country <u>USA</u>	Zip <u>33777</u>	Country <u>USA</u>

4. State/Country of Formation <u>FL, USA</u>	
5. Date Organized or Qualified To Do Business in Florida <u>9/24/2001</u>	
6. FEI Number <u>59-3750594</u>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>
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

Name Kent Jones

Street Address (P.O. Box Number is Not Acceptable)
8351 81ST CT N

Suite, Apt. #, Etc.

City LARGO State FL Zip Code 33777

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 [Signature] Date 2-20-07

REGISTERED AGENT MUST SIGN

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
MGRM	Jenkins, Prince	1246 Rock Rose Ct	Olympia, WA 98513
MGRM	Pena, Rogelio	3330 LOYOLA CT	Boulder, CO 80305
MGRM	Keeney, Julius	1830 Dearing Rd	Springdale, AR 72762
			900092353359 03/23/07--01021--012 **200.00
			REINSTATEMENT 06-07

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 [Signature] Date 2/20/07 Daytime Phone # 813-495-4095

Typed or printed name of signing Managing Member/Manager _____