PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY	OA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 07 MAY 30 PM 2: 30
DOCUMENT # L010000 17048 1. Limited Liability Company's Name		SECKLIAA III TATE TALLAHASSEÉ, FLOR IDA	
J. P. FAMILY INVESTMENT GOMPANY, LLC		3 001039077 83 06/05/0701033003 **400.00	
2. Principal Office Address - No P.O. Box # 3. Malling Office Address ,		CR2E041 (1/07)	
6030 N.W. 101 ten. 6030 N.W. 101 ten.		4. State/Country of Formation	
Suite, Apt. #, etc. Suite, Apt. #, etc.		tCoRida / U.S.A. 5. Date Organized or Qualified /	
City & State City & State		To Do Business in Florida 10 24 2001	
PARKLAND FLORING PARKLAND Floring		6. FEI Number Applied For Not Applicable	
Zip Country Zip	076 USA	7.	OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent			
JEFFREY PARSON		A \$100 reinstatement fee is imposed, except in circumstances which the entity did not	
Street Address (P.O. Box Number is Not Acceptable) 6030 N.W. 101 +eL		receive the prior notices. By checking this	
Suite, Apt. #, Etc.		box, you are certifying the prior notices were not received and requesting the \$100	
City PARKIAND State Zip Code FL 33076		reinstal	ement be waived.
9. I, being appointed the registered egent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.			
Signature of Registered Agent Date 3/27/07 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/Mana		City / State / Zip
MERM JEffrey PARSON	6030 N.W. 101	ten	PARKING P. 33076 PARKING PL 33076
Shari PARSON	6030 N.W 101	ten	PANGLAND PL 33076
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	REINSTATEMENT		
		CITAO	
			02-07
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 filling 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 Manager Date 3 / 27/07 Daytime Phone # 514-336-319 0			
Typed or printed name of signing Managing Member/Manager			