

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

2008
APPLICATION
FOR
REINSTATEMENT
UC UBZ



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 13 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
600009499528
12/13/02--01012--001 **50.00



1. DOCUMENT # L01000017205

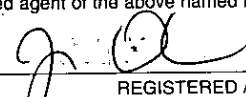
Name and Mailing Address

0002193 01 FP 0.352 **PRSRT T7 0 0615 33143-791919
JACK POLEY INTERNATIONAL, L.L.C.
6619 SOUTH DIXIE HIGHWAY, UNIT 303
MIAMI FL 33143-7919

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/04/2001	
Principal Place of Business 6619 SOUTH DIXIE HIGHWAY, UNIT 303 MIAMI, FL 33143	3. New Principal Place of Business Address City, State, Zip	6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		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 OTERO, JORGE E ESQ. 75 VALENCIA AVENUE , SECOND FLOOR CORAL GABLES FL 33134	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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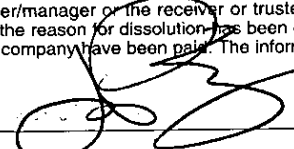
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent  Date 12/2/02
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	POLEY, JACK	8619 SOUTH DIXIE HIGHWAY, UNIT 303	MIAMI FL 33143

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  Date 1/25/02 Daytime Phone # 305.669.5181

CR2E084 (8/02)

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Florida Dept. of State
Sec. Of State, Jim Smith
Div. of Corporations
Registration Section
Box 6327
Tallahassee FL 32314

FILED
02 DEC 13 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/25/2002

Re: Jack Poley International, L.L.C.

Gentlemen:

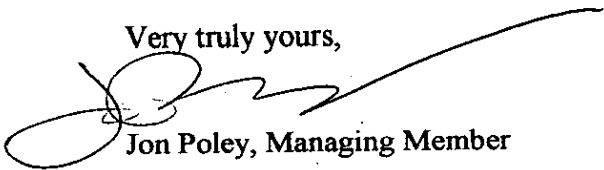
I am herewith enclosing an Application for Reinstatement for said LLC, along with a check for \$50.00

I was instructed to provide the Application for Reinstatement, \$50.00 and an affidavit that I did not receive the previous notification, whereupon the \$100 reinstatement fee would be waived

This letter will serve as my affidavit that I did not receive documents relating to filing the Uniform Business Report for 2002, therefore I could not file them. Further I've never operated a LLC before and had no reason to expect such documents at any given time, therefore I didn't know said documents would be due, and would have had no reason to ask for them, as well

Your cooperation is appreciated, and I look forward to the LLC's reinstatement

Very truly yours,



Jon Poley, Managing Member