

LO2000004181

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

04 JUN -4 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LO2000004181

1. Limited Liability Company's Name

JWDIRECT LLC

600037570066
06/02/04--01015--001 **205.00

2. Principal Office Address
1426 Howell Branch Rd

3. Mailing Office Address
1426 Howell BR Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINTER PARK, FL

City & State

WINTER PARK, FL

Zip

32789

Country

USA

Zip

32789

Country

USA

4. State/Country of Formation
FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida 2/14/2002

6. FEI Number
30-00-32818

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
JASON WACHTEL

Street Address (P.O. Box Number is Not Acceptable)
1610 LITTLE RIVER DR

Suite, Apt. #, Etc.

City
ORLANDO

FL 32807

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

Jason Wachtel
REGISTERED AGENT MUST SIGN

Date 5/24/04

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 JASON WACHTEL | 1610 LITTLE RIVER DR | ORLANDO FL 32807 |
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REINSTATEMENT

2003-
2004

JB

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

Jason Wachtel

Date 5/24/04

Daytime Phone # 407-376-4888

Typed or printed name of signing Managing Member/Manager

JASON WACHTEL

CR2E041 (10/02)