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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JAN -7 AM 9:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000005801

Name and Mailing Address

0012217 01 AT 0.292 \*\*AUTO T5 0 0615 33433-390887



JENAPRILE, LLC  
6687 VIA REGINA  
BOCA RATON FL 33433-3908



REINSTATEMENT 2003

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 03/11/2002	
Principal Place of Business 6687 VIA REGINA BOCA RATON FL 33433	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 02-0559967	Applied For 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 NARDOLILLO, APRIL 6687 VIA REGINA BOCA RATON FL 33433		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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>April Nardolillo</i> REQUIRED Date 10/27/03 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
		500024344915 11/03/03--01003--004 **50.00	
MGR	April Nardolillo	6687 Via Regina	Boca Raton FL 33433
MGR	Jennifer Burgner	11086 Highland Circle	Boca Raton, FL 33428
REINSTATEMENT 2003			
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 <i>April Nardolillo</i> REQUIRED Date 12/29/03 Daytime Phone # Typed or printed name of signing Managing Member/Manager			

CR2E084 (7/03)



FILED

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JAN -7 AM 9:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

To Whom It May Concern,

Enclosed is a check for fifty dollars for the annual report fee.

On October 24<sup>th</sup> we received an application for reinstatement stating that we were overdue on our annual report fee. This is the first notice that we have received stating that we owe any form of payment. Therefore we were advised to send a check in the amount of fifty dollars for our annual report fee. If you have any further questions or if this amount is unsatisfactory, please contact us at 561-393-0018.

Thank You

A handwritten signature in cursive script, reading "April Nardolillo".

April Nardolillo