

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 30 PM 1:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L02000009017**

1. Limited Liability Company's Name

**JONES MASK INTERNATIONAL  
LLC**

900024261139  
10/29/03--01068--008 \*\*50.00

2. Principal Office Address

**14056 TROUVILLE DR**  
Suite, Apt. #, etc.

3. Mailing Office Address

**5304 Ehrlich Rd**  
Suite, Apt. #, etc.  
**275**

4. State/Country of Formation

**FLORIDA, USA**

5. Date Organized or Qualified  
To Do Business in Florida

**4/16/02**

City & State

**TAMPA FL**

City & State

**TAMPA FL**

6. FEI Number

**265592069**

Applied For

Not Applicable

Zip

**33624**

Country

**USA**

Zip

**33624**

Country

**USA**

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

**Laurie J Mask**

Street Address (P.O. Box Number is Not Acceptable)

**14056 TROUVILLE DR**

Suite, Apt. #, Etc.

City

**TAMPA**

State

**FL**

Zip Code

**33624**

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

*Laurie J Mask*

REGISTERED AGENT MUST SIGN

Date

**October 29, 2003**

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
<b>MEM</b>	<b>Laurie Mask</b>	<b>14056 Trouville Dr</b>	<b>Tampa FL 33624</b>

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

*Laurie J Mask*

Date

**10/22/03**

Daytime Phone#

**8135456693**

Typed or printed name of signing Managing Member/Manager

**LAURIE J MASK**

CR2E041 (10/02)

# Jones Mask International

22 October 2003

Ms. Karen Beyers  
Bureau Chief  
Division of Corporations  
Secretary of State  
409 E. Gaines Street  
Tallahassee, FL 32399

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dear Karen:

It was a pleasure to meet you (via telephone) last Friday through Rivers Buford. Thank you for your direction on getting this matter with my LLC, Jones Mask International, straightened out. I was traveling on business and was unable to get this package out to until now.

The person who I thought filed this (my agent) apparently did not do this. Although I paid for their service, the filing was not done. My check to them did not even clear my bank until yesterday (October 21, 2003) so I am unable to provide a copy of the check as of yet. I appreciate your helping me correct this filing fiasco!

If you need any further information, please contact me at 813.961.3700, 813.545.6693 or [jonesmaskintl@aol.com](mailto:jonesmaskintl@aol.com).

Thanks again for your help in this matter.

Warm regards,



Laurie J. Mask, CMP  
President