

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L02000010879

03 DEC 26 PM 12:56

Name and Mailing Address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0012646 01 AT 0.292 **AUTO T6 0 0615 33463-591513

J.R.S. INVESTMENT & HOLDINGS LLC

5413 LITTLE DIPPER CT.
GREENACRES FL 33463-5915



2. New Mailing Address 433 Plaza Real Suite 275 City, State, Zip Boca Raton FL 33433		4. State/Country of Formation FL	
Principal Place of Business 5413 LITTLE DIPPER CT. GREENACRES FL 33463		5. Date Organized or Qualified To Do Business in Florida 05/06/2002	
3. New Principal Place of Business Address 433 Plaza Real Suite 275 City, State, Zip Boca Raton FL 33432		6. FEI Number 41-2044708	
		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 LOPEZ, RAMON F 5413 LITTLE DIPPER CT. GREENACRES FL 33463		9. Name and Address of New Registered Agent Name Joey Villamil Street Address (P.O. Box Number is Not Acceptable) 5417 Little Dipper Ct Greenacres, FL 33463	
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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

Joey Villamil
REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/18/03

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
C4/070	Joey Villamil	5417 Little Dipper Ct Greenacres, FL 33463	Greenacres, FL 33463

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12/25/03--01073--013 **150.00

REINSTATEMENT 03

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

Joey Villamil
REQUIRED

Date

10/18/03

Daytime Phone #

954-471-9959

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)