

**2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Oct 10, 2006  
Secretary of State**

DOCUMENT# L02000012027

Entity Name: J.W. HOLDINGS ENTERPRISE, LC

**Current Principal Place of Business:**

480 WASECA DR  
LANTANA, FL 33462

**New Principal Place of Business:**

**Current Mailing Address:**

480 WASECA DR  
LANTANA, FL 33462

**New Mailing Address:**

FEI Number: 30-0189144      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SOUTHWEST 22 STREET  
4TH FLOOR  
MIAMI, FL 33145 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: WAYNE WILBER

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR ( ) Delete  
Name: A QUALITY SECURITY C, ORP.  
Address: 480 WASECA DR  
City-St-Zip: LANTANA, FL 33462

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Delete  
Name: AIRTRONICS SYSTEMS I, NC.  
Address: 3878 PROSPECT AVE. SUITE #5  
City-St-Zip: RIVIERA BEACH, FL 33404

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: WAYNE WILBER

MGR

10/10/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date