

L02000013601

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 03 DEC -1 PM 5:55 SECRETARY OF STATE TALLAHASSEE, FLORIDA 700025196467 12/03/03 11:08:41-017 **150.00 <i>BK</i>
DOCUMENT # L02000013601				
1. Limited Liability Company's Name JBC Enterprises, L.L.C.				
2. Principal Office Address 4764 PAPAYA PARK <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address 4764 PAPAYA PARK <small>Suite, Apt. #, etc.</small>		4. State/Country of Formation FLORIDA / USA
City & State DESTON, FLORIDA		City & State DESTON, FLORIDA		
Zip 32541	Country USA	Zip 32541	Country USA	5. Date Organized or Qualified To Do Business in Florida
6. FEI Number 03-0451395			Applied For: Not Applicable	7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>\$5.00 Additional Fee required for a Certificate of Status</small>
8. Name and Address of Current Registered Agent				

Name	
CLIFF A. COHEN	
Street Address (P.O. Box Numbers Not Acceptable)	
4748 PAPAYA PARK	
Suite, Apt. #, Etc.	
City	DESTON
State	FL
Zip Code	32541

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: *Cliff Cohen* Date: 12/1/03

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	CLIFF A. COHEN	4748 PAPAYA PARK	DESTON, FL 32541
MEM	JOHN J. HOLLAND	4764 PAPAYA PARK	DESTON, FL 32541
MEM	ROBERT H. BECK	32 CULVER HILL	Southampton, NY 11968

REINSTATEMENT 2003

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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: *Cliff Cohen* Date: 12/1/03 Daytime Phone: (850) 585-5350

Typed or printed name of signing Managing Member/Manager: CLIFF A. COHEN