

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 OFFICE OF THE SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 L02000015786

03 DEC -1 PM 12:56

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

0011497 01 AT 0.292 **AUTO T3 0 0615 33401-530412



J.B. COMPANY, L.L.C.
 512 CLEMATIS STREET
 WEST PALM BEACH FL 33401-5304



| | | | |
|--------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------|--|
| 2. New Mailing Address City, State, Zip | | 4. State/Country of Formation FL | |
| Principal Place of Business 512 CLEMATIS STREET WEST PALM BEACH FL 33401 | | 5. Date Organized or Qualified To Do Business in Florida 06/24/2002 | |
| 3. New Principal Place of Business Address City, State, Zip | | 6. FEI Number Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> | |
| | | 7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status | |

| | | | |
|---------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------|--|
| 8. Name and Address of Current Registered Agent BROWN, THOMAS G 512 CLEMATIS STREET WEST PALM BEACH FL 33401 | | 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 [Signature] **SIGNATURE REQUIRED** Date 10-29-03

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 |
| PRES | JAMES C. BABER III | 512 CLEMATIS ST | WEST PALM BCH FL 33401 |
| VP | JOHN W. BABER | 512 CLEMATIS ST | WEST PALM BEACH FL 33401 |
| SECY | JANET B. PARASMO | 512 CLEMATIS ST | WEST PALM BEACH FL 33401 |
| TREAS | SHARON M. TURNER | 512 CLEMATIS ST | WEST PALM BEACH FL 33401 |
| | | | REINSTATEMENT 2003 |
| | | | 12/8 M88 |

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 [Signature] **SIGNATURE REQUIRED** Date 11/26/03 Daytime Phone # 561 659-1370

Typed or printed name of signing Managing Member/Manager

CR2E064 (7/03)