

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Division of Corporations

FILE SECRETARY OF STATE DIVISION OF CORPORATIONS

1. DOCUMENT # L02000021516

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JLR007, LLC  
10039 TRAILWOOD CIRCLE  
JUPITER FL 33478-4721

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REINSTATEMENT 2003

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 08/21/2002	
Principal Place of Business 10039 TRAILWOOD CIRCLE JUPITER FL 33478	3. New Principal Place of Business Address City, State, Zip	6. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
		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 TARONE, THEODORE T JR. ESQ C/O STAMBAUGH & TARONE, P.A. 180 ROYAL PALM WAY, SUITE 201 PALM BEACH FL 33480		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 <b>SIGNATURE REQUIRED</b> Date <u>Nov. 10 2003</u> 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
MNGR	Joseph RAICH, MNGR	10039 Trailwood Circle Jupiter, FL 33478	

CR2E084 (7/03)

REINSTATEMENT

2003

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 REQUIRED** Date 11/10/2003 Daytime Phone # (561) 427 0400