

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG -3 PM 1:05

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

8/3

DOCUMENT # 02000022134

1. Limited Liability Company's Name

JAB, LLC

2. Principal Office Address

7861 Saddle Creek Tr.

Suite, Apt. #, etc.

City & State

Sarasota, Florida

Zip

34241

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

Florida, United States

**5. Date Organized or Qualified
To Do Business in Florida**

8/27/2002

6. FEI Number

51-0424543

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Joseph A. Bolognese

Street Address (P.O. Box Number is Not Acceptable)

7861 Saddle Creek Trail

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34241

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

Joseph A. Bolognese
REGISTERED AGENT MUST SIGN

Date 08-02-04

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGM	Joseph A. Bolognese	7861 Saddle Creek Trail	Sarasota FL 34241

REINSTATEMENT

*2003-
2004*

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

Joseph A. Bolognese
Joseph A. Bolognese

Date 08-02-04 Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager