PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 23 AM 10:52

300081105273
10/23/06--01008--010 **250.00

CR2E041 (8/05)

DOCUMENT # L02000022134

1. Limited Liability Company's Name

JAB, LLC

2. Principal Office Address		**3.** Mailing Office Address	
1009 Tallevast Rd		1009 Tallevast Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Sarasota FL		Sarasota FL	
Zip	Country	Zip	Country
34243	Sarasota	34243	Sarasota

4. State/Country of Formation: Florida

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: David W. Berger

Street Address (P.O. Box Number is Not Acceptable): 1009 Tallevast Rd.

Suite, Apt. #, Etc.:

City: Sarasota | State: FL | Zip Code: 34243

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: D. W. B. REGISTERED AGENT MUST SIGN Date: 10/17/06

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
MGRM	David W. Berger	1009 Tallevast Rd	Sarasota, FL 34243
M	Joseph A. Bolognese	7861 Saddle Crk Tr.	Sarasota, FL 34241
		REINSTATEMENT 05-06	
			10/25

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: D. W. B. Date: 10/17/06 Daytime Phone # 941-928-4200

Typed or printed name of signing Managing Member/Manager: