


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 23 AM 10:52

DOCUMENT # L02000022134

1. Limited Liability Company's Name
JAB, LLC

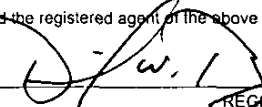
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10/23/06--01008--010 **250.00

CR2E041 (8/05)

2. Principal Office Address 1009 Tallevast Rd Suite, Apt. #, etc.		3. Mailing Office Address 1009 Tallevast Rd Suite, Apt. #, etc.		4. State/Country of Formation Florida	
City & State Sarasota FL		City & State Sarasota FL		5. Date Organized or Qualified To Do Business in Florida 8/27/2002	
Zip 34243	Country Sarasota	Zip 34243	Country Sarasota	6. FEI Number 51-0424543	Applied For 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		
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.

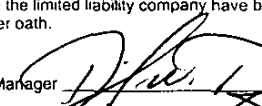
Signature of Registered Agent  Date 10/17/06

REGISTERED AGENT MUST SIGN

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  Date 10/17/06 Daytime Phone # 941-928-4200

Typed or printed name of signing Managing Member/Manager