

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 MAY 14 P 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000024408

1. Limited Liability Company's Name

J. Diva Investments, LLC.

2. Principal Office Address

8826 Kiwi Pl.

Suite, Apt. #, etc.

3. Mailing Office Address

8826 Kiwi Pl.

Suite, Apt. #, etc.

City & State

NAVARRE, FL 32566

City & State

NAVARRE, FL 32566

Zip

32566

Country

U.S.A.

Zip

32566

Country

U.S.A.

4. State/Country of Formation

FL. / U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

September 18, 2002

6. FEI Number

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

Jana Harrington

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

8826 Kiwi Pl.

Suite, Apt. #, Etc.

700037346247

05/26/04--01056--008 **215.00

City

Navarre

State

FL

Zip Code

32566

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

Jana Harrington

C.E.O.

REGISTERED AGENT MUST SIGN

Date

5/11/04

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
<u>MAN</u> <u>C.E.O.</u>	<u>JANA HARRINGTON</u>	<u>8826 Kiwi Pl.</u>	<u>NAVARRE, FL</u> <u>32566</u>

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

Jana Harrington

Date

5/11/04

Daytime Phone #

850-936-8311

Typed or printed name of signing Managing Member/Manager

Jana Harrington

C.E.O. President

CR20041 (10/02)