

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000024993

Name and Mailing Address

0010650 01 AT 0.292 **AUTO T9 0 0615 34228-462999



FJB, LLC
1281 GULF OF MEXICO DRIVE
LONGBOAT KEY FL 34228-4629



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/24/2002	
Principal Place of Business 1281 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228	3. New Principal Place of Business Address	6. FEI Number 06-1657187	Applied For Not Applicable
City, State, Zip		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 BLUM, FRAN 1281 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 300024391383 11/03/03--01096--021 **150.00 City FL Zip Code
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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 *Francine Blum* **SIGNATURE REQUIRED** Date *Oct 20, 2003*

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
MGRM	BLUM, FRAN	1281 GULF OF MEXICO DRIVE	LONGBOAT KEY FL 34228

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 *Francine Blum* **SIGNATURE REQUIRED** Date *Oct 20 2003* Daytime Phone *(941) 383-9440*

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)