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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

2004 DEC 14 PM 1:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000026320

Name and Mailing Address

0002709 01 AT 0.292 \*\*AUTO T3 0 0615 32707-595553



JCP SYSTEMS, LLC  
953 WESSON DRIVE  
CASSELBERRY FL 32707-5955



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/07/2002	
Principal Place of Business 953 WESSON DRIVE CASSELBERRY FL 32707	3. New Principal Place of Business Address City, State, Zip	6. FEI Number	Applied For <input checked="" type="checkbox"/> 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 BOYESEN, KAREN 953 WESSON DRIVE CASSELBERRY FL 32707		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u>Karen Boyesen</u> Date <u>11/21/04</u> 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	KAREN BOYESEN	953 WESSON DRIVE	CASSELBERRY, FL 32707

**REINSTATEMENT 03-04**

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12/14/04--01050--008 \*\*200.00

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 Karen S. Boyesen Date 11-21-04 Daytime Phone # 407-448-3830

Typed or printed name of signing Managing Member/Manager Karen S. Boyesen

CR2E014 (7/03)