

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Glenn E. Hood

Secretary of State

DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

03 NOV 24 AM 10:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000026744

Name and Mailing Address

0004813 01 AT 0.292 \*\*AUTO TO 0 0615 33024-184266



JF, LLC

6866 STIRLING ROAD

HOLLYWOOD FL 33024-1842

REINSTATEMENT *2003*



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/02/2002	
Principal Place of Business 6866 STIRLING ROAD HOLLYWOOD FL 33023	3. New Principal Place of Business Address	6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> 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		9. Name and Address of New Registered Agent	
GRAND, MARK S 3440 HOLLYWOOD BLVD., SUITE 450 HOLLYWOOD FL 33021		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 <i>Mark S Grand</i> <b>SIGNATURE REQUIRED</b> Date <i>11/20/03</i> 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
MGR	FREEDMAN, JOAN	802 N.W. 1ST AVENUE	DELRAY BEACH FL 33444
			200024992992 11/24/03--01125--005 **150.00
			<i>JP</i>
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 <i>Joan Freedman</i> <b>SIGNATURE REQUIRED</b>		Date <i>11/19/03</i>	Daytime Phone # <i>954-649-7225</i>
Typed or printed name of signing Managing Member/Manager			

CR2E084 (7/03)