

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 DEC 26 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000026993

Name and Mailing Address

0013554 01 AT 0.292 **AUTO T9 0 0615 33569-564806

J & K CAMERON LLC
9506 SUNNYOAK DR
RIVERVIEW FL FL 33569-5648

800025771558
12/26/03--01031--034 **155.00



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/11/2002	
Principal Place of Business 9506 SUNNYOAK DR RIVERVIEW FL FL 33569	3. New Principal Place of Business Address	6. FEI Number SS-080905	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input checked="" 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	
BUSINESS FILINGS INCORPORATED 660 EAST JEFFERSON STREET TALLAHASSEE FL 32301-0000		Name <u>Business Filings Incorporated</u> Street Address (P.O. Box Number is Not Acceptable) <u>1606 West Avenue Suite 1114</u> City <u>Miami Beach</u> FL Zip Code <u>33134</u>	
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>SIGNATURE OF ELMARIK SCHIFF, AVE</u> Date <u>10/30/03</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
MGR	HOLLOWAY, JOHN	9506 SUNNYOAK DR	RIVERVIEW FL 33569
MGR	HOLLOWAY, KATHERINE	9506 SUNNYOAK DR	RIVERVIEW FL 33569
REINSTATEMENT 03			
AL			

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

SIGNATURE OF ELMAR

Date

10/1/03

Daytime Phone #

671-3260
813 609-152

Typed or printed name of signing Managing Member/Manager

John Holloway

CR2E084 (7/03)