

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

2000029113  
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

1. DOCUMENT # L02000029113

Name and Mailing Address

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EJKG, L.L.C.  
7101 S.W. 5TH STREET  
PLANTATION FL 33317-3810



REINSTATEMENT 2003

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 7101 S.W. 5TH STREET PLANTATION FL 33317		5. Date Organized or Qualified To Do Business in Florida 11/01/2002	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 72-1540347	
		Applied For Not Applicable	
		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 BROWN, GARY L ESQ. C/O PHILLIPS, EISINGER, ET AL 4000 HOLLYWOOD BLVD., SUITE 265-S HOLLYWOOD FL 33021		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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10. I, being appointed the registered agent of the limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent [Signature] **SIGNATURE REQUIRED** Date \_\_\_\_\_

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	BROWN, JEFFRY	7101 S.W. 5TH STREET	PLANTATION FL 33317

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] **SIGNATURE REQUIRED** Date 12/10/03 Daytime Phone # 954.587.7559

Typed or printed name of signing Managing Member/Manager Jeffrey Brown