

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L 02000032720**

1. Limited Liability Company's Name

TJN, LLC

2. Principal Office Address **40 B. Gelfman** 3. Mailing Office Address **40 B. Gelfman**

2020 NE 163rd St

2020 NE 163rd St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 300

Suite 300

City & State

City & State

North Miami Beach, FL North Miami Beach, FL

Zip

Country

Zip

Country

33162

USA

33162

USA

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified To Do Business in Florida

12/6/02

6. FEI Number

27-0038774

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Andrew Rapoport

Street Address (P.O. Box Number is Not Acceptable)

1221 Kane Concourse

300025866983

12/31/03--01008--008 **155.00

Suite, Apt. #, Etc.

City

Bay Harbor Is, FL 33154

State

Zip Code

FL

33154

9. 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

Andrew Rapoport

Date

12/29/03

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	Bernard Gelfman	3375 N. Country Club Dr. Apt 706	Aventura, FL 33180
MAN	Helene Sullinger	14851 Jeffrey Rd Space 244	Irvine, Ca. 92620
MAN	Neal Frager	714 Bricknell Rd.	San Jose, Ca. 95030
MGA	Jill Reed	77 Grant	Irvine, Ca. 92620

DEFINITIVE REINSTATEMENT

11. 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

X Bernard Gelfman

Date

12/29/03

Daytime Phone #

305/944-9100

Typed or printed name of signing Managing Member/Manager

Bernard Gelfman, Manager

CR2E041 (10/02)