2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000009901

Entity Name: JJAB NICHOLSON, LLC

FILED Oct 06, 2004 Secretary of State

US

Current Principal Place of Business: New Principal Place of Business:

12608 SW 21ST STREET 4966 N UNIVERSITY DR MIRAMAR, FL 33027 US LAUDERHILL, FL 33351

Current Mailing Address: New Mailing Address:

12608 SW 21ST STREET 4966 N UNIVERSITY DR LAUDERHILL, FL 33351 US

FEI Number: 14-1877871 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NICHOLSON, JOHN
12608 SW 21ST STREET
100 SE 3RD AVE #2108
MIRAMAR, FL 33027 US
FT LAUDERDALE, FL 33394 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JEREMY COHEN 10/06/2004

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

Title: () Delete Title: MGRM () Change (X) Addition Name: JULIETTE, NICHOLSON Address: Address: 1226 W LAS OLAS BLVD City-St-Zip: FT LAUDERDALE, FL 33312

 Title:
 () Delete
 Title:
 MGRM () Change (X) Addition

 Name:
 Name:
 BRION, NICHOLSON

 Address:
 Address:
 1911 SABAL PALM DR #208

 City-St-Zip:
 City-St-Zip:
 DAVIE, FL 33324

 Title:
 () Delete
 Title:
 MGRM () Change (X) Addition

 Name:
 Name:
 ALISON, NICHOLSON

 Address:
 Address:
 1911 SABAL PALM DR #208

 City-St-Zip:
 City-St-Zip:
 DAVIE, FL 33324

Title: () Delete Title: MGRM () Change (X) Addition

 Name:
 Name:
 JOHN, NICHOLSON

 Address:
 Address:
 27 TOLEDO CT

 City-St-Zip:
 City-St-Zip:
 DAVIE, FL 33324

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JULIETTE NICHOLSON MRS 10/06/2004