2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 20, 2005
Secretary of State

DOCUMENT# L03000009901

Entity Name: JJAB NICHOLSON, LLC

Current Principal Place of Business:

4966 N UNIVERSITY DR
LAUDERHILL, FL 33351 US

New Principal Place of Business:

Current Mailing Address:

4966 N UNIVERSITY DR
LAUDERHILL, FL 33351 US

New Mailing Address:

FEI Number: 14-1877871 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JEREMY, COHEN
100 SE 3RD AVE #2108
FT LAUDERDALE, FL 33394 US

Name and Address of New Registered Agent:

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

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	JULIETTE, NICHOLSON	
Address:	1226 W LAS OLAS BLVD	
City-St-Zip:	FT LAUDERDALE, FL 33312	
Title:	MGRM	( ) Delete
Name:	BRION, NICHOLSON	
Address:	1911 SABAL PALM DR #208	
City-St-Zip:	DAVIE, FL 33324	
Title:	MGRM	( ) Delete
Name:	ALISON, NICHOLSON	
Address:	1911 SABAL PALM DR #208	
City-St-Zip:	DAVIE, FL 33324	
Title:	MGRM	( ) Delete
Name:	JOHN, NICHOLSON	
Address:	27 TOLEDO CT	
City-St-Zip:	DAVIE, FL 33324	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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 MS 10/20/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date