FILED

2005 MAY 16 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000012188

1. Entity Name
JENNA FAVA DESIGN COMPANY, LLC

Principal Place of Business	Mailing Address
917 SE SECOND COURT FT. LAUDERDALE, FL 33301	917 SE SECOND COURT FT. LAUDERDALE, FL 33301

04252005 REIN-LLC CR2E101 (6/04)

2. Principal Place of Business	3. Mailing Address
3556 NE 12TH AVE	3556 NE 12TH AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Lauderdale, FL	City & State: FT. Lauderdale, FL
Zip: 33334 Country: USA	Zip: 33334 Country:

4. FEI Number: 90-0066055 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MICHELLE FAVA CAPITANO, ESQUIRE 1302 NORTH 19TH STREET, SUITE 300 TAMPA, FL 33605	Name: JOSEPH C. FAVA Street Address (P.O. Box Number is Not Acceptable): 3556 NE 12TH AVE City: FT. LAUDERDALE FL Zip Code: 33334

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Joseph C Fava Joseph C Fava 4-26-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition MGRM JENNA FAVA 3556 NE 12TH AVE FORT LAUDERDALE, FL 33334
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 04-05 ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 700054687267 05/17/05--01065--018 **100.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: Jenna Fava 4/25/05 9542884538
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #