


2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000015723			
1. Entity Name NIA OF JAX, LLC			
Principal Place of Business 14019 BEACH BLVD., UNIT 871 JACKSONVILLE, FL 32250		Mailing Address 14019 BEACH BLVD., UNIT 871 JACKSONVILLE, FL 32250	
2. Principal Place of Business THE NIA CAFE Suite, Apt. #, etc. 7825 BAYMEADOWS WAY City & State Jacksonville FL Zip 32256 Country USA		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
10212004 REIN-LLC		CR2E101 (6/04)	
4. FEI Number 30-4528932		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MANNING, G. STEPHEN 9428 BAYMEADOWS RD., STE. 625 JACKSONVILLE, FL 32256		7. Name and Address of New Registered Agent Name JUNE BURLEY-GRISSOM Street Address (P.O. Box Number is Not Acceptable) 7825 Baymeadows Way City Jacksonville FL Zip 32256	
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 June Burley-Grissom DATE 10.29.04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$200.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRISSOM, JUNE B 14019 BEACH BLVD., UNIT 871 JACKSONVILLE, FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600042632106 11/10/04--01027--008 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 June Burley-Grissom DATE 10.29.04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			