

# **2004 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000017160

**FILED**  
**Oct 20, 2004**  
**Secretary of State**

**Entity Name:** ISLAND JERK CENTER, LLC

**Current Principal Place of Business:**

3842 NORTH LAKE BLVD.  
PALM BEACH GARDENS, FL 334031535 US

**New Principal Place of Business:**

**Current Mailing Address:**

1940 HARRISON ST.  
STE 201B  
HOLLYWOOD, FL 330205072 US

**New Mailing Address:**

**FEI Number:** 20-0021978      **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:**

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

JUMPING JAX TAX, INC.  
1940 HARRISON ST.  
STE. 201B  
HOLLYWOOD, FL 330205072 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

**Title:** MGR      ( ) Delete  
**Name:** NORTON DISTRIBUTION, COMPANY, INC.  
**Address:** 2863 NORTH LAKE BLVD., STE. 3  
**City-St-Zip:** LAKE PARK, FL 33403 US

**ADDITIONS/CHANGES:**

**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: PETER NORTON

MGR

10/20/2004

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