

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000022929

Entity Name: J & D FINANCIAL GROUP, LLC

FILED  
Oct 10, 2007  
Secretary of State

**Current Principal Place of Business:**

10250 COLLINS AVENUE  
BAL HARBOUR, FL 33154

**New Principal Place of Business:**

**Current Mailing Address:**

10250 COLLINS AVENUE  
BAL HARBOUR, FL 33154

**New Mailing Address:**

FEI Number: 20-0088857      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

FINE, JEFFREY L PH.D  
10250 COLLINS AVENUE  
BAL HARBOUR, FL 33154      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: JEFFREY FINE

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FINE, JEFFREY L DR  
Address: 10250 COLLINS AVE. PH-1  
City-St-Zip: BAL HARBOUR, FL 33154

Title: MGRM ( ) Delete  
Name: FINE, DALIT  
Address: 10250 COLLINS AVENUE PH1  
City-St-Zip: BAL HARBOUR, FL 33154

**ADDITIONS/CHANGES:**

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 exemption stated in Chapter 119, 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: JEFFREY FINE

PRES

10/10/2007

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