


2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2004 NOV 29 PM 2: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000027324		
1. Entity Name D.J.G.L.P.W., L.C.		

Principal Place of Business 2950 S.E. OCEAN BLVD., BLDG. 4, APT. 4 STUART, FL 34996	Mailing Address 2950 S.E. OCEAN BLVD., BLDG. 4, APT. 4 STUART, FL 34996
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2. Principal Place of Business 137 Plantation Drive Suite, Apt. #, etc.	3. Mailing Address 137 Plantation Dr. Suite, Apt. #, etc.
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City & State Titusville, Florida Zip 32780 Country Brevard	City & State Titusville, FL. Zip 32780 Country Brevard
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11242004 REIN-LLC CR2E101 (6/04)

4. FEI Number 58-2676593	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent GRASSO, DENNIS 2950 S.E. OCEAN BLVD., BLDG. 4, APT. 4 STUART, FL 34996		7. Name and Address of New Registered Agent Name Jane Grasso Street Address (P.O. Box Number is Not Acceptable) 137 Plantation Drive Titusville City Titusville FL Zip Code 32780	
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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 Dennis Grasso DATE 11/24/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00 After January 1, 2005, Fee will be \$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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GRASSO, DENNIS 2950 S.E. OCEAN BLVD., BLDG. 4, APT. 4 STUART, FL 34996 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100043049281 11/29/04--01077--001 **50.00
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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 Dennis Grasso Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE