
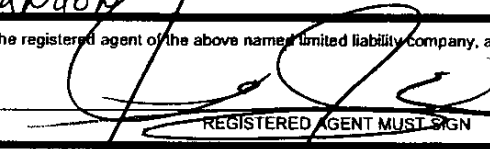
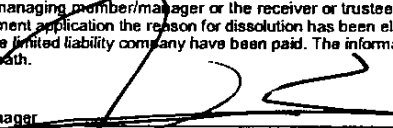


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  06 NOV '7 AM 9:30	
<b>DOCUMENT # L03000048853</b>					
<b>1. Limited Liability Company's Name</b> JFC SOD LLC					
<b>2. Principal Office Address</b> 5405 E. MLK Blvd		<b>3. Mailing Office Address</b>		CR2E041 (8/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>4. State/Country of Formation</b> Hillsborough	
<b>City &amp; State</b> Tampa, FL		<b>City &amp; State</b> Florida		<b>5. Date Organized or Qualified To Do Business in Florida</b>	
<b>Zip</b> 33619		<b>Country</b> USA		<b>6. FEI Number</b> 81-0638705	
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>				\$5.00 Additional Fee required for a Certificate of Status	
<b>8. Name and Address of Current Registered Agent</b>					
Name: Sob Jean					
Street Address (P.O. Box Number is Not Acceptable): 518 Julie Lane					
Suite, Apt. #, Etc.					
City: Brandon					
State: FL Zip Code: 33511					
<b>9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.</b>					
Signature of Registered Agent: 				Date: 10-19-06	
REGISTERED AGENT MUST SIGN					
<b>10. Names and Street Addresses of Managing Members/Managers</b>					
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip		
MGR VP	Derrick Key	P.O. Box 11515, Tampa, FL 33680	Tampa, FL 33680		
Sec	Theresa Jean	518 Julie Ln	Brandon, FL 33511		
<b>REINSTATEMENT 2004-06</b>					
<b>11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</b>					
Signature of Managing Member/Manager: 				Date: 10-19-06 Daytime Phone #: 813-210-2120	
Typed or printed name of signing Managing Member/Manager: Derrick Key					