

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
06 NOV -3 PM 2:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L04000042620</b> 1. Entity Name J'LOP DISTRIBUTORS, LLC					
Principal Place of Business 3206 CARLTON ARMS DR C TAMPA, FL 33614			Mailing Address 3206 CARLTON ARMS DR C TAMPA, FL 33614		
2. Principal Place of Business <i>8870 N. Himes ave</i>		3. Mailing Address <i>8870 N. Himes ave</i>			
Suite, Apt. #, etc. <i>226</i>		Suite, Apt. #, etc. <i>226</i>		10092006 REIN-LLC CR2E101 (11/05)	
City & State <i>TAMPA FL</i>		City & State <i>TAMPA FL</i>		4. FEI Number 20-2132835	
Zip <i>33614</i>		Country <i>Hillsborough</i>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <del>LOPEZ, JULIO A</del> <del>3206 CARLTON ARMS DR</del> <del>C</del> <del>TAMPA, FL 33614</del>				7. Name and Address of New Registered Agent Name <i>Julio A Lopez</i> Street Address (P.O. Box Number is Not Acceptable) <i>8870 N. Himes ave. suite 226</i> City <i>TAMPA FL</i> Zip Code <i>33614</i>	
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 <i>[Signature]</i> DATE <i>10-05-06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>After January 1, 2007, Fee will be \$100.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM LOPEZ, JULIO A 3206 CARLTON ARMS DR TAMPA, FL 33614 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP 200090823882 10/13/06--01023--013 **\$5.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM Julio A Lopez Suite 226 8870 N. Himes ave. <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>[Signature]</i> DATE <i>10-06-06</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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