


# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L04000056292</b>					
<b>1. Entity Name</b> J N J SUPPLY COMPANY, L.L.C.					
<b>Principal Place of Business</b> 922 36TH CT SW VERO BEACH, FL 32968			<b>Mailing Address</b> 922 36TH CT SW VERO BEACH, FL 32968		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-1409351	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
WHITE, GERARD J 76 ROYAL OAK DRIVE SUITE 101 VERO BEACH, FL 32962			Name <b>NATALIA PODOLSKAYA</b> Street Address (P.O. Box Number is Not Acceptable) <b>7916 103 CT.</b> City <b>VERO BEACH</b>		
FL			Zip Code <b>32967</b>		
<b>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.</b> SIGNATURE <u>Natalia Podolskaya</u> <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 \$138.75</b> <b>After January 1, 2009, Fee will be \$277.50</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PODOLSKAYA, NATALIA 7916 103RD CT VERO BEACH, FL 32967		TITLE NAME STREET ADDRESS CITY-ST-ZIP	500138129825 11/20/08--01014--005 **138.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PODOLSKIY, ALEKSANDER 7916 103RD CT VERO BEACH, FL 32967		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2008 NOV 26 P 12:12 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2008		TITLE NAME STREET ADDRESS CITY-ST-ZIP	FILED	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2008		TITLE NAME STREET ADDRESS CITY-ST-ZIP	FILED	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2008		TITLE NAME STREET ADDRESS CITY-ST-ZIP	FILED	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Natalia Podolskaya</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
Date				Daytime Phone #	