2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000011931

1. Entity Name
JEEA, LLC

FILED
06 NOV -3 PM 5:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
1140 HOLLAND DRIVE BOCA RATON, FL 33487	1140 HOLLAND DRIVE BOCA RATON, FL 33487

10042006 REIN-LLC CR2E101 (11/05)

2. Principal Place of Business: 6353 WEST ROGERS CIRCLE		3. Mailing Address: SAME	
Suite, Apt. #, etc.: #1 and #2		Suite, Apt. #, etc.:	
City & State: BOCA RATON, FL		City & State: BOCA RATON, FL	
Zip: 33487	Country: USA	Zip: 33487	Country: USA

4. FEI Number: 20-2437276 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
EYAL, AVIVA 1140 HOLLAND DRIVE BOCA RATON, FL 33487	Name: Street Address (P.O. Box Number is Not Acceptable): 6353 WEST ROGERS CIRCLE City: BOCA RATON FL Zip Code: 33487

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

FILE NOW!!! FEE IS $150.00
After January 1, 2007, Fee will be $200.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	10. ADDITIONS/CHANGES
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete JACK EYAL, PRESIDENT FL, 33487 6353 W. ROGERS CIRCLE, BOCA RATON	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition 300080594423 10/10/06--01062--009 **200.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete AVIVA EYAL, COO. FL, 33487 6353 W. ROGERS CIRCLE, BOCA RATON	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition 2006

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 X J Eyal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #