



# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L06000032373</b> 1. Entity Name <b>J AND I LLC</b>						<div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg);">FILED</div> <div style="font-size: 1.2em; margin-top: 10px;">2008 AUG -5 P 2:49</div> <div style="font-size: 0.8em; margin-top: 5px;">SECRETARY OF STATE</div>	
Principal Place of Business <b>41 EAST PROSPECT ROAD OAKLAND PARK, FL 33334 US</b>				Mailing Address <b>41 EAST PROSPECT ROAD OAKLAND PARK, FL 33334 US</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>			
4. FEI Number <b>33-1137765</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				05272008 REIN-LLC CR2E101 (1/07)			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>TRUJILLO, JOSEPH 4771 NE 3RD AVE OAKLAND PARK, FL 33334</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
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 <u>Joseph Trujillo</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>July 22, 2008</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$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 Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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 606, Florida Statutes.				<b>REINSTATEMENT</b>			
SIGNATURE: <u>Joseph Trujillo</u> <u>Joseph Trujillo</u> <u>July 22, 2008</u> <u>(954) 772-8850</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>			