

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000064758

**FILED**  
**Mar 10, 2009**  
**Secretary of State**

**Entity Name:** JOINT PRODUCT SOLUTIONS, LLC

**Current Principal Place of Business:**

1620 BAY DRIVE  
MIAMI BEACH, FL 33141

**New Principal Place of Business:**

1820 BAY DRIVE  
MIAMI BEACH, FL 33141

**Current Mailing Address:**

1620 BAY DRIVE  
MIAMI BEACH, FL 33141

**New Mailing Address:**

1820 BAY DRIVE  
MIAMI BEACH, FL 33141

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

JAHRMARKT, SCOTT  
1620 BAY DRIVE  
MIAMI BEACH, FL 33141      US

**Name and Address of New Registered Agent:**

JAHRMARKT, SCOTT  
1820 BAY DRIVE  
MIAMI BEACH, FL 33141      US

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.

SIGNATURE: SCOTT JAHRMARKT

03/10/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR                      ( ) Delete  
Name: SLJ CORP.,  
Address: 1620 BAY DRIVE  
City-St-Zip: MIAMI BEACH, FL 33141

Title: MGR                      ( ) Delete  
Name: LOZMAN, PHILIP R  
Address: P.O. BOX 402125  
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGR                      ( ) Delete  
Name: SHER, JERRY S  
Address: P.O. BOX 402125  
City-St-Zip: MIAMI BEACH, FL 33140

**ADDITIONS/CHANGES:**

Title: MGR                      (X) Change ( ) Addition  
Name: SLJ CORP.,  
Address: 1820 BAY DRIVE  
City-St-Zip: MIAMI BEACH, FL 33141

Title:                                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SCOTT JAHRMARKT

MJR

03/10/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date