

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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<b>LIMITED LIABILITY COMPANY</b> <b>REINSTATEMENT</b> <u>Annual Report 1999</u> <b>DOCUMENT # L98000000320</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>1. Limited Liability Company's Name</b> <u>IAN-TRIN ENTERPRISE, LLC.</u>			
<b>2. Principal Office Address</b> <u>637 S. STATE RD 7.</u> Suite, Apt. #, etc. City & State <u>HOLLYWOOD, FLA.</u> Zip <u>33023</u>		<b>3. Mailing Office Address</b> <u>637 S. STATE RD. 7</u> Suite, Apt. #, etc. City & State <u>HOLLYWOOD, FLA.</u> Zip <u>33023</u>	

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 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

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<b>4. State/Country of Formation</b>	
<b>5. Date Organized or Qualified To Do Business in Florida</b> <u>04.01.98</u>	
<b>6. FEI Number</b> <u>65-0826219</u>	Applied For Not Applicable
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

<b>8. Name and Address of Current Registered Agent</b>		
Name <u>MICHAEL WYNTER</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>8532 CLARIDGE DRIVE</u>		
Suite, Apt. #, Etc. 		
City <u>MIRAMAR</u>	State <u>FL</u>	Zip Code <u>33025</u>

<b>9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.</b>	
Signature of Registered Agent <u>[Signature]</u> REGISTERED AGENT MUST SIGN	Date <u>11.09.99.</u>

<b>10. Names and Street Addresses of Managing Members/Managers</b>			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	MICHAEL WYNTER	8532 CLARIDGE DR.	MIRAMAR FL. 33025
MGR	GLORIA WYNTER	8532 CLARIDGE DR.	MIRAMAR FL. 33025

<b>11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</b>	
Signature of Managing Member/Manager <u>[Signature]</u>	Date <u>11.09.99</u>
Daytime Phone # <u>954.962.9992</u>	
Typed or printed name of signing Managing Member/Manager <u>MICHAEL WYNTER.</u>	

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**JAM-TRIN ENTERPRISES L.L.C.**

**637 SOUTH STATE ROAD 7  
HOLLYWOOD, FLORIDA 33023  
TELEPHONE: (954) 962-9992**

November 2, 1999

**FLORIDA DEPARTMENT OF STATE**

Katherine Harris, Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

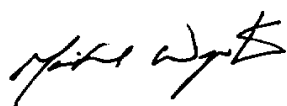
**Re: Jam-Trin Enterprises L.L.C.  
Document # L98000000320**

This is to inform you that your letter issued to us regarding the 1999 Annual Report was not received by us. We would appreciate if you do not dissolve Jam-Trin Enterprises L.L.C., therefore we are enclosing the attached information to continue.

As per our previous telephone conversation, I was advised to complete and return the enclosed form along with a check for the amount of \$188.75.


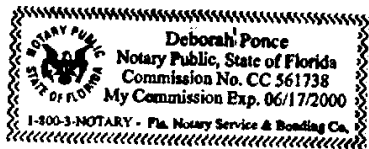
I look forward to your early response in this urgent matter.

Yours sincerely,



Michael W. Wynter, President  
Jam-Trin Enterprises L.L.C.

Encls.

Deborah Ponce  
Notary Public, State of Florida  
Commission No. CC 561738  
My Commission Exp. 06/17/2000  
1-800-3-NOTARY - Fla. Notary Service & Bonding Co.

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