

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

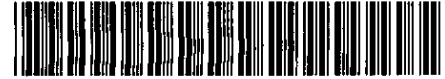
APPLICATION FOR REINSTATEMENT
 DIVISION OF CORPORATIONS
 L9900008585

FILED
 02 DEC 16 AM 9:22
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

1. DOCUMENT # L9900008585

Name and Mailing Address

0008862 01 FP 0.352 **PRSRT HB 0 0615 10023-601175
 JAMAG LLC
 % ALAN LEVENSTEIN
 75 CENTRAL PARK WEST
 NEW YORK NY 10023-6011



CR2E084 (8/02)

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/08/1999	
Principal Place of Business % ALAN LEVENSTEIN 75 CENTRAL PARK WEST NEW YORK NY 10023	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 13-4114717	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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10. 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.
 Signature of Registered Agent: *Shirley A. Bleant*, Authorized Representative 12/10/02
 REGISTERED AGENT MUST SIGN

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	LEVENSTEIN, ALAN P	75 CENTRAL PARK WEST, APT. 2CD	NEW YORK NY 10023

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 12/13/02--01063--003 **150.00

REINSTATEMENT 2002

12. 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.
 Signature of Managing Member/Manager: *x Alan P Levenstein* Date: 11/15/02 Daytime Phone #

Typed or printed name of signing Managing Member/Manager