

L99000008883
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 17 AM 7:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000008883

1. Limited Liability Company's Name

JAICE, L.C.

2. Principal Office Address

ONE SOUTH OCEAN BLVD

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip

33432

Country

LISA

3. Mailing Office Address

SAME AS 2

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

FLORIDA, U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

12/13/98

6. FEI Number

65-0969-483

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

JEAN PIERRE COHEN-SALODON

Street Address (P.O. Box Number is Not Acceptable)

ONE SOUTH OCEAN BLVD.

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33432

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.

Signature of
Registered Agent

[Signature] 10/12/00

Date 10/12/00

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	SAINT-HODER F. HORN	ONE SOUTH OCEAN BLVD.	BOCA RATON, FL 33432

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.

Signature of

Managing Member/Manager

[Signature]

Date 12/14/00

Daytime Phone # 561-362-9911

Typed or printed name of signing Managing Member/Manager SAINT-HODER F. HORN.