


2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M02000000522			
1. Entity Name JOLLI BOI EXPRESS, LLC			
Principal Place of Business 1314 EAST WILDER AVE. TAMPA, FL 33603		Mailing Address 1314 EAST WILDER AVE. TAMPA, FL 33603	
2. Principal Place of Business 501 S. FAULKENBURG RD Suite, Apt. #, etc. STE D1 City & State Tampa, FL Zip 33619 Country USA		3. Mailing Address 1314 E WILDER AV Suite, Apt. #, etc. City & State Tampa, FL Zip 33603 Country USA	
4. FEI Number 38-3541651		10202004 REIN-LLC CR2E101 (6/04) 10/25 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent ABRAMS, GWEN 1314 EAST WILDER AVE. TAMPA, FL 33603	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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>Gwen Abrams</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>10-21-04</u>	
FILE NOW!!! FEE IS \$50.00 After January 1, 2005, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ABRAMS, KEVIN 1314 EAST WILDER AVE. TAMPA, FL 33603	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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
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
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
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
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 exemption stated in Section 119.07(3)(l), 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 608, Florida Statutes.		500042697965 11/12/04--01058--012 **\$5.00 REINSTATEMENT 2004 w/o penalty	
SIGNATURE: <u>Gwen Abrams</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		10-21-04 813 237-1113 <small>Date Daytime Phone #</small>	

FILED

04 OCT 25 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MJH

