PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

01 DEC 14 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

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

DOCUMENT # M96000000054

REINSTATEMENT 2001

1. Limited Liability Company's Name

D&J MANAGEMENT, L.L.C.

2. Principal Office Address		**3.** Mailing Office Address	
900 NW 17th Avenue		900 NW 17th Avenue	
Suite, Apt. #, etc. 202		Suite, Apt. #, etc. 202	
City & State Delray Beach, Florida		City & State Delray Beach, Florida	
Zip 33445	Country USA	Zip 33445	Country USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 2/21/96

6. FEI Number: 65-0589188 — Applied For / Not Applicable

7. CERTIFICATE OF STATUS DESIRED [X] — $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: NationalCorporate Research, Ltd. INC.

Street Address (P.O. Box Number is Not Acceptable): 1406 Hays Street

Suite, Apt. #, Etc.: Suite 2

City: Tallahassee — State: FL — Zip Code: 32301

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****155.00 ****155.00

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: Kathleen J. Wolf, Treas. Agt. — REGISTERED AGENT MUST SIGN — Date 12/14/01

CR2E041 (9/00)

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
MGRM	John Luciani, III	900 NW 17th Avenue, #202	Delray Beach, Fl 33445
MGRM	Dorian Luciani	900 NW 17th Avenue, #202	Delray Beach, Fl 33445

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: _____ Date 12/11/01 Daytime Phone # (561) 330-2440

Typed or printed name of signing Managing Member/Manager: John Luciani, III