

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC -3 AM 10:18

DOCUMENT # 197000000623

1. Limited Liability Company's Name
J B JOHNSON ENTERPRISES, LLC

000004717570--8
-12/11/01--01004--007
****150.00 ****150.00

2. Principal Office Address 18082 JACQUARD CT Suite, Apt. #, etc.		3. Mailing Office Address 18082 JACQUARD CT Suite, Apt. #, etc.	
City & State LAKEVILLE MN		City & State LAKEVILLE MN	
Zip 55044	Country USA	Zip 55044	Country USA

4. State/Country of Formation Delaware	
5. Date Organized or Qualified To Do Business in Florida <u>5/19/97</u>	
6. FEI Number 41-1876127	Applied For <input type="checkbox"/> 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			
Name F&L CORP.			
Street Address (P.O. Box Number is Not Acceptable) 200 LAURA STREET			
Suite, Apt. #, Etc.			
City JACKSONVILLE	State FL	Zip Code 32202-3527	

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 By: Charles V. Hedrick, Authorized Signatory Date 11/15/01

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	ROCHELLE JOHNSON	18082 JACQUARD CT	LAKEVILLE, MN 55044
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			UBR 50
			150 nr
	REINSTATEMENT	<u>2001</u>	

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 11-1-01 Daytime Phone # 952.891.7669

Typed or printed name of signing Managing Member/Manager **ROCHELLE JOHNSON**