

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State DIVISION OF CORPORATIONS

99 DEC 17 AM 8:22

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # M97000000821

1. Limited Liability Company's Name

JDL UNLIMITED, LLC

REINSTATEMENT 09

2. Principal Office Address

10862 N.W. 71 Street

Suite, Apt. #, etc.

3. Mailing Office Address

10862 N.W. 71 Street

Suite, Apt. #, etc.

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

12/08/1997

City & State

Miami, FL

City & State

Miami, FL

6. FEI Number

52-2053128

Applied For

Not Applicable

Zip

33178

Country

USA

Zip

33178

Country

USA

7. CERTIFICATE OF STATUS DESIRED

8. Name and Address of Current Registered Agent

Name

Jeffrey A. Bernstein, Esq.

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

100 N. Biscayne Blvd.

Suite, Apt. #, Etc.

Suite 2608

City

Miami

State

FL

Zip Code

33132

700003082637-7
-12/29/99-01007-01
****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

Jeffrey A. Bernstein

REGISTERED AGENT MUST SIGN

Date

12/1/99

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	Jesús D. LOPEZ	10862 N.W. 71 Street	Miami, FL 33178

DB 12-22-99

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

Jesús D. Lopez

Date

Daytime Phone # 305-688-6300

Typed or printed name of signing Managing Member/Manager

JESUS D. LOPEZ