2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000107281 1. Entity Name					FILED				
JFL ASSOCIATES, INC.					06 NOV 30 PM 2: 51				
Principal Place of Business 101 MAIN STREET SUITE # B SAFETY HARBOR, FL 34695 US		. Mailing Address 7 PINEHURST CIRCLE MONROE, NY 10950 US			ORONGTARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal Place of Business 3. Mailing Address 810 Davon L			n.O	•					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			10112006	REIN-P	CR2E098 (11/05)	06
City & State		Branchburg NJ			4. FEI Numb 58-249	mber 495632			plied For t Applicable
Zip	Country	Zip 08853	Country		5. Certificate	of Status Desired		75 Addi Required	
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
LOVE, JOHN F 101 MAIN STREET SUITE B				Street Address (P.O. Box Number is Not Acceptable)					
	IARBOR, FL 34695								
			City				FL	Zip Code	
	named entity submits this statement for lons of registered agent.	the purpose of changing its re	egistered office	or register	ed agent, or bo	th, in the State of i	Florida. I am famili	iar with, a	and accept
SIGNATURE Signature, typed or printed name of registered agent and bile if applicable. (NOTE: Registered Agent signature required when reinstating) OATE									
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00							with s. 607.193 d not receive the		
10.	OFFICERS AND I		11,		ADDITIONS	CHANGES TO O	FICERS AND DIR	/	·····
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STREET ADDRESS CITY-ST-ZIP	MONROE, NY 18958		STREET ADDRESS CITY-ST-ZIP	"	-	S, NJ (o8853		
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12. I hereby of indicated	certify that the information supplied with on this report or supplemental report is	this filing does not qualify for the true and accurate and that my	he exemptions signature shall	contained have the s	in Chapter 119 same legal effec), Florida Statutes. It as if made unde	I further certify the roath; that I am ar	at the inf	ormation or director
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and triat my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other tike empowered.									
SIGNATURE: 1/9/00 Date Dayling Phone #									