

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 09 DEC 17 PM 12:16 SECRETARY OF STATE TALLAHASSEE, FLORIDA 500163725885 12/17/09--01037--017 **600.00 REINSTATEMENT 06-9	
DOCUMENT # P05000019300					
1. Limited Liability Company's Name J. CHRISTOPHERS TAMPA INC.					
2. Principal Office Address - No P.O. Box # 14366 N. DALE MOORE		3. Mailing Office Address SAME			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State TAMPA FL		City & State			
Zip 33618	Country US	Zip -	Country		
4. State/Country of Formation FLA					
5. Date Organized or Qualified To Do Business in Florida 6-06					
6. FEI Number 83-0400494					<input checked="" type="checkbox"/> 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 WILLIAM KRANICH					
Street Address (P.O. Box Number is Not Acceptable) 10576 Windsor Lake Ct					
Suite, Apt. #, Etc.					
City Tampa		State FL	Zip Code 33626		
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 609, F.S.					
Signature of Registered Agent [Signature]				Date 12-8-09	
REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Managing Members/Managers					
Titles PRES. P MGR	Name of Managing Members/Managers WILLIAM KRANICH	Street Address of Each Managing Member/Manager 10576 Windsor Lake Ct		City / State / Zip Tampa FL 33626	
[Signature] 12/18					
11. E-mail Address: BILLKRANICH@YAHOO.COM					
12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 609, 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 12-8-09	
Typed or printed name of signing Managing Member/Manager WILLIAM KRANICH				Daytime Phone # 813-908-7523	