

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



DEPARTMENT OF STATE
Jim Smith
Secretary
DIVISION OF CORPORATIONS

L01000022642

FILED

02 DEC -4 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000022642
Name and Mailing Address

0010610 01 FP 0.352 **PRSRT H9 0 0615 34758-221683
JESSGROVE LLC
4983 BROOK ROAD
KISSIMMEE FL 34758-2216



CR2E084 (8/02)

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 4983 BROOK ROAD KISSIMMEE FL 34758		5. Date Organized or Qualified To Do Business in Florida 12/21/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 59-3761102	Applied For 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 BALLETO, VINCENT D 3956 TOWN CENTER BLVD., #165 ORLANDO FL 32837		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
---	--	--	--

10. 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: *[Signature]* REGISTERED AGENT MUST SIGN Date: 11/21/2002

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
PRES	RONALD CRAVEL	2518 ALBANY DR	KISS FLA 34758
V/PRES	ARAN HAWKSWORTH	2526 ALBANY DR.	KISS FLA 34758
STATEMENT 2002			
600009347646 12/04/02--01043--006 **150.00			
FALI			

12. 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: 11/21/02 Daytime Phone # 407 908 9294

Typed or printed name of signing Managing Member/Manager