

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**LIMITED LIABILITY
COMPANY
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 19 AM 9:45

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L02000015853

1. Limited Liability Company's Name

JC Property Investments L.L.C.

2. Principal Office Address

1206 Salt Marsh Circle

Suite, Apt. #, etc.

City & State

Ponte Vedra Beach, Florida

Zip

32082

Country

St Johns

3. Mailing Office Address

1206 Salt Marsh Circle

Suite, Apt. #, etc.

City & State

Ponte Vedra Beach, Florida

Zip

32082

Country

St Johns

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

June 24, 2002

6. FEI Number

33-1011224

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

John Cowling

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

1206 Salt Marsh Circle

Suite, Apt. #, Etc.

City

Ponte Vedra Beach

State

FL

Zip Code

32082

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

John W. Cowling

REGISTERED AGENT MUST SIGN

Date November 18, 2003

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
MGMR	Revocable Living-Trust of	1206 Salt Marsh Circle	Ponte Vedra Beach, Florida 32082
	(cont. from above) John W. Cowling		

REINSTATEMENT

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

John W. Cowling

Date 11/18/03

Daytime Phone# 904-280-5260

Typed or printed name of signing Managing Member/Manager

John W. Cowling

CR2004 (10/02)