

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 APR -7 AM 9:28

REINSTATEMENT  
05-06

CR2E041 (8/05)

LIMITED LIABILITY COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L04000086831

1. Limited Liability Company's Name  
**JMJ ASSOCIATES LLC.**

2. Principal Office Address <b>104 BEECHERS POINT ROAD</b>		3. Mailing Office Address <b>P.O. BOX 1087</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>WELAKA, FL.</b>		City & State <b>WELAKA, FL.</b>	
Zip <b>32193</b>	Country <b>USA</b>	Zip <b>32193</b>	Country <b>USA</b>

4. State/Country of Formation  
**PUTNAM**

5. Date Organized or Qualified To Do Business in Florida  
**APRIL 27, 05**

6. FEI Number  
**20-2699140**

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  
**MARK JIRAN**

Street Address (P.O. Box Number is Not Acceptable)  
**104 BEECHERS POINT ROAD**

Suite, Apt. #, Etc.  
**P.O. BOX 1087**

City  
**WELAKA**

State  
**FL**

Zip Code  
**32193**

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 **MARK JIRAN** Date **3-28-06**

REGISTERED AGENT MUST SIGN

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
<b>PRES.</b>	<b>MARK JIRAN</b>	<b>104 BEECHERS POINT ROAD</b>	<b>WELAKA FL. 32193</b>

100070460701  
04/14/06--01041--025 \*\*100.00

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 **MARK JIRAN** Date **3-28-06** Daytime Phone # **384-336-2566**

Typed or printed name of signing Managing Member/Manager **MARK JIRAN**