

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

14 MAY 11 PM 3:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Limited Liability Company's Name  
L06000063405  
JAM RENTALS, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #

**CABBAGE KEY**

Suite, Apt. #, etc.

**INTRCSTL MARKER # 60**

City & State

**CAPTIVA, FL**

Zip  
**33924**

Country  
**USA**

3. Mailing Office Address

**PO BOX 507**

Suite, Apt. #, etc.

City & State

**CAPTIVA, FL**

Zip  
**33924**

Country  
**USA**

4. State/Country of Formation  
**FLORIDA/USA**

5. Date Organized or Qualified  
To Do Business in Florida  
05/12/2006

6. FEI Number  
**51-6577713**

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

**JEFFREY A. MARTIN**

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

**4540 ESCONDIDO LANE**

Suite, Apt. #, Etc.

City  
**CAPTIVA**

State  
**FL**

Zip Code  
**33924**

700260206217  
05/14/14--01002--018 \*\*1106.25

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent

*Jeffrey A. Martin*  
REGISTERED AGENT MUST SIGN

Date

5/11/14

**10. Names and Street Addresses of Authorized Representatives/Managers**

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
mgmtr	Jeffrey A Martin	4540 Escondido La	Captiva, FL 33924

11. E-mail Address: **rstr50@me.com**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

*Jeffrey A. Martin*

Date **05/12/2014**

Daytime Phone # **(239) 770-7947**

Typed or printed name of signing Authorized Representative/Manager **Jeffrey A Martin**