

8-AUG-2004 15:53

JEM-MARKETING

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P. 01

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
2004 AUG 20 AM 11:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** L97000000458  
 1. Limited Liability Company's Name  
**J.E.M. SANIBEL LIMITED LIABILITY COMPANY**

2. Principal Office Address  
**1619 Periwinkle Way**  
 Suite, Apt. #, etc.  
**Suite 102**  
 City & State  
**Sanibel, Florida**  
 Zip Country  
**33957 USA**

3. Mailing Office Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

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

5. Date Organized or Qualified To Do Business in Florida  
**April 29, 1997**

6. FEI Number **65-0842234**  
 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  
**Thomas R. Louwers**

Street Address (P.O. Box Number is Not Acceptable)  
**1619 Periwinkle Way**

Suite, Apt. #, Etc.  
**Suite 102**

City  
**Sanibel**

State Zip Code  
**FL 33957**

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 **Thomas R. Louwers** Date \_\_\_\_\_  
**REGISTERED AGENT MUST SIGN**

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	MILLS, John	1619 Periwinkle Way #102	Sanibel, FL 33957
MGRM	MILLS, Brigitte	2340 Periwinkle Way Ste. B	Sanibel, FL 33957

**REINSTATEMENT 04**

05/27/04 -- 01016 -- 001 -- \$185.00

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 **John Mills** Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

Typed or printed name of signing Managing Member/Manager \_\_\_\_\_