L00000001021

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB 26 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000030063920
03/03/04--01026--003 **250.00

DOCUMENT # L00000001021

1. Limited Liability Company's Name
J AND S PROPERTY PARTNERS, LLC
10/4/02

2. Principal Office Address	3. Mailing Office Address
Apt. 19B	9430 Research Blvd
Suite, Apt. #, etc. 1045 Hillsboro Mile	Suite, Apt. #, etc. Suite 400, Bldg 4
City & State Hillsboro Beach, Fla	City & State Austin, Texas
Zip 33062 Country USA	Zip 78759 Country USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 1/27/2000

6. FEI Number: 65-1124168 ☐ 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: LYNN E. SAARINEN

000030063920
03/03/04--01026--004 **5.00

Street Address (P.O. Box Number is Not Acceptable): Apt 19B

Suite, Apt. #, Etc.: 1045 Hillsboro Mile

City: Hillsboro Beach | State: FL | Zip Code: 33062

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 _____ Date 2/24/04
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
MGRM	LYNN E. SAARINEN	9430 Research Blvd Suite 400, Bldg 4	AUSTIN, TEX 78759
MGRM	HERBERT C. JAHNKE JR.	9430 Research Blvd Suite 400, Bldg 4	AUSTIN, TEX 78759
		REINSTATEMENT 2002-2004	

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 _____ Date 2/24/04 Daytime Phone # 866 712 5222

Typed or printed name of signing Managing Member/Manager LYNN E. SAARINEN