

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2004 DEC -6 PM 2: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000002756

1. Limited Liability Company's Name
J & E Ventures, LLC

200043211452
12/06/04--01038--002 **305.00

2. Principal Office Address
3751 Gulf Blvd.

Suite, Apt. #, etc.

City & State

St. Pete Beach, FL

Zip
33706

Country
USA

3. Mailing Office Address
3751 Gulf Blvd.

Suite, Apt. #, etc.

City & State

St. Pete Beach, FL

Zip
33706

Country
USA

4. State/Country of Formation
Florida

**5. Date Organized or Qualified
To Do Business in Florida** 03/01/2000

6. FEI Number

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
Timothy C. Schuler

Street Address (P.O. Box Number is Not Acceptable)
7843 Seminole Blvd.

Suite, Apt. #, Etc.

City
Seminole

State
FL

Zip Code
33772

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

REGISTERED AGENT MUST SIGN

Date 12.1.04

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
MGR	John H. Johanson	12816 Harborwood Drive	Largo, FL 33774

REINSTATEMENT 01-04
CW

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 11-18-04

Daytime Phone #

Typed or printed name of signing Managing Member/Manager John H. Johanson

CR2E041 (10/02)