

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 AUG 29 AM 9:06

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000004384

1. Limited Liability Company's Name

J.W.T., LLC

CR2E041 (8/05)

2. Principal Office Address

22 Via De Luna

Suite, Apt. #, etc.

902

City & State

Pensacola Beach

Zip
32561

Country
USA

3. Mailing Office Address

3 Carbon Way

Suite, Apt. #, etc.

City & State

Walton, KY

Zip
41094

Country
USA

4. State/Country of Formation

Florida/USA

**5. Date Organized or Qualified
To Do Business in Florida**

4/17/2000

6. FEI Number

593638461

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

Michael E. Gerkin

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

22 Via De Luna

Suite, Apt. #, Etc.

902

City

Pensacola Beach

State
FL

Zip Code

32561

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

Michael E. Gerkin

REGISTERED AGENT MUST SIGN

Date **08/22/2006**

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
Pres.	Michael E. Gerkin	22 Via De Luna/ #902	Pensacola Bch, FL 32561
Treas.	Michael P. Gerkin	3 Carbon Way	Walton, KY 41094
			300079716982 08/12/06--01031--018 **205.00

REINSTATEMENT

05-06

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

Michael E. Gerkin

Date

8/22/06

Daytime Phone # **(850) 916-7126**

Type or printed name of signing Managing Member/Manager

MICHAEL E. GERKIN