

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY**  
**REINSTATEMENT**  
2003 UBR

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

FILED

2003 JUL 23 PM 12:16

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOCUMENT # L00000008478

1. Limited Liability Company's Name

JONES MINING COMPANY, LLC.

2. Principal Office Address

3510 Radio Road

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 990099

Suite, Apt. #, etc.

City & State

Naples, Florida

City & State

Naples, Florida

Zip

34104

Country

Zip

34116

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

July 12, 2000

6. FEI Number

59-3669480

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 A. Baviello, Jr.

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

1025 Fifth Avenue North

100021742321

Suite, Apt. #, Etc.

07/23/03-01036-003 \*\*\* \$5.00

City

Naples

State  
FL

Zip Code  
34102

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

7/17/2003

REGISTERED AGENT MUST SIGN

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	Ben F. Jones	430 San Juan	Naples, FL 34113
MGRM	Douglas Mootispaw	4591 Eagle Key Circle	Naples, FL 34112
MGRM	James E. Warburton	4405 Beechwood Lake Drive	Naples, FL 34112
MGRM	Robert O. Jones	6100 Polly Avenue	Naples, FL 34112

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

7/17/03

Daytime Phone #

239-825-4689

Typed or printed name of signing Managing Member/Manager Douglas Mootispaw

CR2E041 (10/02)