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L00000014413

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
2002 NOV 21 AM 10:14
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000014413

Name and Mailing Address

0000672 01 FP 0.352 **PRSRT T3 0 0615 32801-232025

JTM, L.L.C.
14 EAST WASHINGTON ST., SUITE 500
ORLANDO FL 32801-2320

CR2E084 (8/02)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 11/21/2000

Principal Place of Business: 14 EAST WASHINGTON ST., SUITE 500, ORLANDO FL 32801

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number: 59-3708593 ~~APPLIED FOR~~ ☐ 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	**9.** Name and Address of New Registered Agent
LIPSON, GARY D 9350 S. DIXIE HWY., STE. 1550 MIAMI FL 33156	Name: Harry M. Timmons Street Address (P.O. Box Number is Not Acceptable): 14 East Washington St Suite 500 City: Orlando FL Zip Code: 32801

10. 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 10/20/02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
P	LEWIS, MICHAEL	14 EAST WASHINGTON ST., SUITE 500	ORLANDO FL 32801
VS	TIMMONS, HARRY	14 EAST WASHINGTON ST., SUITE 500	ORLANDO FL 32801

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10/31/02--01014--010 **150.00

REINSTATEMENT 2002

12. 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 10/20/02 Daytime Phone # 321 229 3985

Typed or printed name of signing Managing Member/Manager