

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 10 PM 1:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA

NAJW

1. **DOCUMENT #** L00000015203

Name and Mailing Address

0002608 01 AT 0.292 **AUTO T1 0 0615 32570-541100



JGW PROPERTIES LLC
6300 CHERRY LAUREL DR
MILTON FL 32570-5411



12/10 2003

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/08/2000	
Principal Place of Business 5750 HIGHWAY 90 MILTON FL 32583	3. New Principal Place of Business Address	6. FEI Number 59-3685624	Applied For Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

CR2E084 (7/03)

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
WATSON, TODD 7785 BAYMEADOWS WAY, SUITE 107 JACKSONVILLE FL 32256		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 *[Signature]* **WIRE REQUIRED** Date *11/29/03*

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
MGR	WATSON, JAMES A	6300 CHERRY LAUREL DR	MILTON FL 32970
MGR	WATSON, GRACE	6300 CHERRY LAUREL DR	MILTON FL 32970
700025384717 12/10/03--01021--005 **150.00			
REINSTATEMENT 2003			

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 *[Signature]* **WIRE REQUIRED** Date *11/29/03* Daytime Phone # *850 623 3658*

Typed or printed name of signing Managing Member/Manager