

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 NOV -3 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000015483

Name and Mailing Address

0011350 01 AT 0.292 **AUTO T2 2 0615 34748-683001



JEANNIE INVESTMENTS, LLC
501 LAKE SHORE DRIVE
LEESBURG FL 34748-6830



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/13/2000	
Principal Place of Business 501 LAKE SHORE DRIVE LEESBURG FL 34748	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 65-1067002	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent EMACK, JEANNIE G 501 LAKE SHORE DRIVE LEESBURG FL 34748		9. Name and Address of New Registered Agent 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: <i>Jeannie G. Emack</i> SIGNATURE REQUIRED Date: <u>10-24-03</u> 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
MGRM	EMACK, JEANNIE MS.	501 LAKE SHORE DRIVE	LEESBURG FL 34748

CR2E084 (7/03)

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

Jeannie G. Emack **SIGNATURE REQUIRED**

Date 10/24/03

Daytime Phone # 352-728-4015

Typed or printed name of signing Managing Member/Manager

000024345530
11703703--01003--028 **155.00

REINSTATEMENT 03 cus
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