PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

'04 OCT 29 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L000000016227

1. Limited Liability Company's Name

J.T ENTERPRISES, L.C.C.

2. Principal Office Address
1391-B 4TH ST

3. Mailing Office Address
PO BOX 1252

Suite, Apt. #, etc.

City & State
DAYTONA BEACH, F.L.

City & State
DELAND, FL

Zip	Country	Zip	Country
32124	USA	32721	USA

4. State/Country of Formation
FLORIDA, USA

5. Date Organized or Qualified To Do Business in Florida DEC 21 2000

6. FEI Number
59-3693297

Applied For / Not Applicable

7. CERTIFICATE OF STATUS DESIRED [X] $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name   JASON M. GRAY

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10/29/04--01073--017 **1 5.00

Street Address (P.O. Box Number is Not Acceptable)   1391-B 4TH ST

Suite, Apt. #, Etc.

City   DAYTONA BEACH, FL

State FL   Zip Code 32124

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 _Jason M. Gray_   REGISTERED AGENT MUST SIGN

Date 10/25/2004

CR2E041 (10/02)

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	JASON M. GRAY	1391-B 4TH ST	DAYTONA BEACH FL 32124
		REINSTATEMENT 04	

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 _Jason M. Gray_   Date 10/25/04   Daytime Phone # 386-804-5064

Typed or printed name of signing Managing Member/Manager   JASON M. GRAY