

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



1. DOCUMENT # L01000002064

Name and Mailing Address

0012631 01 AT 0.292 \*\*AUTO T6 0 0615 33462-173614



D & J PROPERTIES, LLC  
414 WEST LANTANA ROAD  
LANTANA FL 33462-1736

FILED  
03 OCT 21 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. New Mailing Address 1212 W. LANTANA ROAD		4. State/Country of Formation FL	
City, State, Zip LANTANA, FL 33462		5. Date Organized or Qualified To Do Business in Florida 02/06/2001	
Principal Place of Business 414 WEST LANTANA ROAD LANTANA FL 33462	3. New Principal Place of Business Address 1212 W. LANTANA RD. City, State, Zip LANTANA, FL 33462	6. FEI Number 65-1082559	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent BALLARD, JEROME D 1212 W LANTANA ROAD LANTANA FL 33462	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Jerome D Ballard **SIGNATURE REQUIRED** Date \_\_\_\_\_  
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	BALLARD, JERRY	1610 CREST DRIVE	LAKE WORTH FL 33481
MGRM	GOULD, DENISE	8377 BLUE CYPRESS DRIVE	LAKE WORTH FL 33487
508023959995 10/21/03--01011--024 **150.00			
REINSTATEMENT 03 dca			

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 Denise M. Gould **SIGNATURE REQUIRED** Date 10/18/03 Daytime Phone # 561-585-0247  
Typed or printed name of signing Managing Member/Manager DENISE M. GOULD