

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 NOV 22 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000015128

Name and Mailing Address

0005413 01 FP 0.352 **PRSRT T7 0 0615 34102-657499



JTH ASSOCIATES, LLC
400 5TH AVENUE SOUTH
NAPLES FL 34102-6574



2. New Mailing Address 3700 NELSONS WALK City, State, Zip NAPLES FL 34102		4. State/Country of Formation FL	
3. New Principal Place of Business Address 400 5TH AVENUE SOUTH NAPLES FL 34102 City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 08/31/2001	
6. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> 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 ROBINSON, THOMAS H 480 SHORT LANE NAPLES FL 34102		9. Name and Address of New Registered Agent Name: ALBERT T. ROBINSON Street Address (P.O. Box Number is Not Acceptable): 3700 NELSONS WALK City: NAPLES FL Zip Code: 34102	
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: <u>Albert T. Robinson</u> 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
MGR	ALBERT T. ROBINSON	3700 NELSONS WALK	NAPLES, FL 34102
			000009160560 11/22/02--01022--007 **150.00
			REINSTATEMENT <u>Dec</u>

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

Albert T. Robinson

Date 11/18/02

Daytime Phone # (239) 263-1131

Typed or printed name of signing Managing Member/Manager