

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2011 MAY 13 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
		DOCUMENT # L01000016345 1. Limited Liability Company's Name

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1. Limited Liability Company's Name

J & E, L.L.C.

2. Principal Office Address - No P.O. Box # 4971 SW Leighton Farms Rd. Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.	
City & State Palm City, FL		City & State	
Zip 34990	Country	Zip	Country

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 9/21/2001	
6. FEI Number 651142116	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			
Name Eric Olson			
Street Address (P.O. Box Number is Not Acceptable) 4971 SW Leighton Farms Rd.			
Suite, Apt. #, Etc.			
City Palm City	State FL	Zip Code 34990	

E-mail Address:

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(To be used for future annual report notices)

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 _____ Date _____

REGISTERED AGENT MUST SIGN

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
Mgmr	John Stiburek	1395 SW 34th Street	Palm City, FL 34990
Mgmr	Eric Olson	4971 SW Leighton Farms Rd.	Palm City, FL 34990

REINSTATEMENT

06-11 *JOZ*

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager *Eric Olson* Date 4-21-11 Daytime Phone # (772) 260-0863

Typed or printed name of signing Managing Member/Manager _____