

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 10 PM 4:05

1. DOCUMENT # L01000016345

Name and Mailing Address

0013307 01 AT 0.292 **AUTO TB 2 0615 34990-330995



J & E, L.L.C.
1395 SW 34TH STREET
PALM CITY FL 34990-3309

700024550647
11/10/03--01011--018 **150.00



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/21/2001	
Principal Place of Business 1395 SW 34TH STREET PALM CITY FL 34990	3. New Principal Place of Business Address	6. FEI Number 65-1142116	Applied For Not Applicable
City, State, Zip		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 STIBUREK, JOHN 1395 SW 34TH STREET PALM CITY FL 34990	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 **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	STIBUREK, JOHN	1395 SW 34TH STREET	PALM CITY FL 34990
MGRM	OLSON, ERIC	4187 SE QUINTON	STUART FL 34997

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 **SIGNATURE REQUIRED** Date _____ Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager _____