

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Jana M. Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

02 DEC 10 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000016730

Name and Mailing Address

0009448 01 FP 0.352 **PRSRT H2 0 0615 32311-125021

JANA LEE HOMES, L.L.C.

921 PINEY Z PLANTATION RD.

TALLAHASSEE FL 32311-1250

REINSTATEMENT 2002



CR2E084 (8/02)

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 921 PINEY Z PLANTATION RD. TALLAHASSEE FL 32311		5. Date Organized or Qualified To Do Business in Florida 09/28/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 22-3835097	
		Applied For Not Applicable	
8. Name and Address of Current Registered Agent NISHIMOTO, JANA M 921 PINEY Z PLANTATION RD. TALLAHASSEE FL 32311		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <i>Jana M. Nishimoto</i> Date 12/5/02 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	NISHIMOTO, JANA M	921 PINEY Z PLANTATION RD.	TALLAHASSEE FL 32311
MGRM	NISHIMOTO, HOWARD	921 PINEY Z PLANTATION RD.	TALLAHASSEE FL 32311
MGRM	ALDAY, LEE	921 PINEY Z PLANTATION RD.	TALLAHASSEE FL 32311
			100009433151 12/10/02--01045--001 **150.00

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

Date 12/5/02

Daytime Phone # 850-566-5050

Typed or printed name of Managing Member/Manager

Jana M Nishimoto