

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



Florida Department of State  
Jim Smith  
Secretary of State  
Division of Corporations

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 OCT 30 AM 10:33

1. DOCUMENT # L01000017530  
Name and Mailing Address

0009407 01 FP 0.352 \*\*PRSR H2 0 0615 32308-090701



JDM AND ASSOCIATES, LIMITED LIABILITY COMPANY  
2501 ARMISTEAD RD.  
TALLAHASSEE FL 32308-0907



REINSTATEMENT 2002

2. New Mailing Address  City, State, Zip		4. State/Country of Formation  FL	
Principal Place of Business 2501 ARMISTEAD RD. TALLAHASSEE FL 32308		5. Date Organized or Qualified To Do Business in Florida 10/11/2001	
3. New Principal Place of Business Address  City, State, Zip		6. FEI Number 59-3749197	
		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  MCCANN, JOHN D 2501 ARMISTEAD RD. TALLAHASSEE FL 32308		9. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) 600008697886 10/30/02--01051--004 **150.00 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 Date 10.23.02

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
MLR MGR	JOHN D. MCCANN	2501 ARMISTEAD RD. TALLAHASSEE FL 32308	TALLAHASSEE / FL / 32308

REINSTATEMENT 2002

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 10.28.02 Daytime Phone # 850.544.1005

Typed or printed name of signing Managing Member/Manager JOHN D. MCCANN

CR2E084 (8/02)