

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L0200000114

AND FILED

03 APR -8 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L0200000114

Name and Mailing Address

0006655 01 FP 0.352 **PRSRT TO O 0615 33850-321975



J & L HOLDINGS LLC
775 SOUTH ILAKEE AVENUE
LAKE ALFRED FL 33850-3219

400009805044
01/03/03--01031--002 **150.00



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 775 SOUTH ILAKEE AVENUE LAKE ALFRED FL 33850		5. Date Organized or Qualified To Do Business in Florida 12/26/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number applied for	
8. Name and Address of Current Registered Agent DYKXHOORN, JACOB C 130 EAST CENTRAL AVENUE LAKE WALES FL 33853		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>Jacob C. Dykxhoorn</i> Date 12-31-02 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
MGR	HAZLETT, JOBEE	775 SOUTH ILAKEE AVENUE	LAKE ALFRED FL 33850
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 <i>Jobee Hazlett</i>		Date 29 Dec 02	Daytime Phone # 863 956 2715
Typed or printed name of signing Managing Member/Manager			

CR2E084 (8/02)

REINSTATEMENT

2002-2003

JB