

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC -4 PM 5:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

**1. Limited Liability Company's Name**

JNM Vero Beach Development, L.L.C.

**2. Principal Office Address**

612 Beachland Blvd.

Suite, Apt. #, etc.

City & State

Vero Beach, FL

Zip

32963

Country

USA

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. State/Country of Formation**

Florida

**5. Date Organized or Qualified  
To Do Business in Florida**

02/07/02

**6. FEI Number**

Applied For

☒ Not Applicable

**7. CERTIFICATE OF STATUS DESIRED** ☒

\$5.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

James N. Mills

Street Address (P.O. Box Number is Not Acceptable)

612 Beachland Blvd.

Suite, Apt. #, Etc.

City

Vero Beach

State  
**FL**

Zip Code  
32963

**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

*James N. Mills*

Date 11/24/03

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
MNGR	612 Beachland Boulevard Company	612 Beachland Blvd.	Vero Beach, FL 32963

REINSTATEMENT 2003

400025234194

**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.**

Signature of  
Managing Member/Manager

*James N. Mills*

Date 11/24/03

Daytime Phone # (314) 231-6700

Typed or printed name of signing Managing Member/Manager 612 Beachland Boulevard Company, James N. Mills, President

CR2E041 (10/02)

**CSC**

CORPORATION SERVICE COMPANY™

**L02000003271**

ACCOUNT NO. : 072100000032

REFERENCE : 345942 4369782

AUTHORIZATION :

COST LIMIT : \$ ~~235.00~~

FILED  
03 DEC -4 PM 5:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : December 4, 2003

ORDER TIME : 11:04 AM

ORDER NO. : 345942-005

CUSTOMER NO: 4369782

CUSTOMER: Ms. Christine Shumaker  
Herzog, Crebs & McGhee  
Centre-24t Floor, Centre-24t,  
One City 515 North  
St. Louis, MO 631012409

155.00

BK

DOMESTIC FILINGS

NAME: JNM VERO BEACH DEVELOPMENT,  
L.L.C.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
03 DEC -4 PM 12:42  
DIVISION OF CORPORATION