

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
03 OCT 29 PM 5:19  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # 02 000004747

1. Limited Liability Company's Name

J L H Properties LLC  
P O Box 53  
Calvary, Ga 39829

2. Principal Office Address

127 SE Tamiami Trail

Suite, Apt. #, etc.

City & State

North Port, FL

Zip

34287

Country

USA

3. Mailing Office Address

P O Box 53

Suite, Apt. #, etc.

City & State

Calvary, Ga

Zip

39829

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

2/27/02

6. FEI Number

01-0621396

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

Barbara Clements

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

3113 Capital Medical Blvd

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32308

300024247753  
10/29/03--01018--004 \*\*151.00

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

Barbara H Clements

Date 10-15-03

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
CEO	Joy L Harvey	6390 Hwy 111 S	Calvary, Ga 39829

REINSTATEMENT 2003

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

Joy L Harvey

Date 10-15-03

Daytime Phone # 229 872 8192

Typed or printed name of signing Managing Member/Manager

Joy L Harvey

CRZE041 (10/02)