

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L02000006697

1. Entity Name
J & T RENTALS, L.L.C.



FILED

2004 DEC 27 PM 2: 51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12212004 REIN-LLC CR2E101 (6/04)

Principal Place of Business
1749 PALM LANE
NOKOMIS, FL 34275

Mailing Address
1749 PALM LANE
NOKOMIS, FL 34275

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
51-0442988

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHAPNICK, BRUCE P ESQ.
ICARD, MERRILL, CULLIS, TIMM, ET AL
2033 MAIN ST., STE. 600
SARASOTA, FL 34237

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Bruce Chapnick

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2005, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE P ☐ Delete
NAME THOMPSON, JOHN
STREET ADDRESS 1749 PALM LANE
CITY-ST-ZIP NOKOMIS, FL 34275

TITLE ☐ Change ☐ Addition
NAME 900043651529
STREET ADDRESS 12/27/04--01088--004 **50.00
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME THOMPSON, PATRICIA
STREET ADDRESS 1749 PALM LANE
CITY-ST-ZIP NOKOMIS, FL 34275

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

12/21/04

941/4884766

Date

Daytime Phone #