

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L02000015501	
1. Entity Name JAMESON BALLOON COMPANY, LLC	



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 FEB 15 PM 2:04

Principal Place of Business 804 LONGBOW TRAIL OSPREY, FL 34229	Mailing Address 804 LONGBOW TRAIL OSPREY, FL 34229
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01232008 REIN-LLC CR2E101 (1/07)

4. FEI Number 04-3675034	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ROCK, RYAN J 804 LONGBOW TRAIL OSPREY, FL 34229	7. Name and Address of New Registered Agent Name <u>Ryan J. Rock</u> Street Address (P.O. Box Number is Not Acceptable) <u>3212 South Gate Cir</u> City <u>SARASOTA</u> FL Zip Code <u>34239</u>
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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 [Signature] DATE 2/26/08

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$377.50	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROCK, RYAN J 804 LONGBOW TRAIL OSPREY, FL 34229 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600118139246 <input type="checkbox"/> Change <input type="checkbox"/> Addition 02/15/08--01031--007 ***377.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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] DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

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