

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

9-26-03
302-10

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 27 AM 8:43

DOCUMENT # L02000017052

1. Limited Liability Company's Name

JV, LLC

2. Principal Office Address

2900 NW 165 STREET

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 638

Suite, Apt. #, etc.

City & State

CITRA, FL

City & State

ORANGE LAKE, FL

Zip

32113

Country

Zip

32681

Country

4. State/Country of Formation

FLORIDA/MARION COUNTY

5. Date Organized or Qualified
To Do Business in Florida

07/08/2002

6. FFL Number

NONE

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

WAYNE VERVILLE

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

2900 NW 165 STREET

Suite, Apt. #, Etc.

City

CITRA

State

FL

Zip Code

32113

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

Wayne J. Verville

Date

2/27/06

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
MANAGER	JANET VERVILLE	2900 NW 165 STREET	CITRA, FL, 32113
			000069960450 04/10/06 01001 024 **305.00

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

Janet Verville

Date

2/27/06

Daytime Phone #

352 843 0590

Typed or printed name of signing Managing Member/Manager

Janet Verville

352 591-3673 OR