

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 NOV -7 PM 1:18

1. DOCUMENT # L020000019612

Name and Mailing Address

0013270 01 AT 0.292 \*\*AUTO T8 2 0615 34984-431011



JMF PROPERTIES LC  
111 SW CHAPMAN AVENUE  
PORT ST LUCIE FL 34984-4310

[illegible]

0805094 17103)

12. 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/Manage

~~SIGNATURE REQUIRED~~

Date 11/2/03

Daytime Phone # 343-7462

Typed or printed name of signing Managing Member/Manager