

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

03 NOV -3 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000027472

Name and Mailing Address

0011176 01 AT 0.292 **AUTO H1 1 0615 34292-241514



JANSEN CONSTRUCTION SERVICES, LLC
2814 NORWOOD LANE
VENICE FL 34292-2415



US

2. New Mailing Address 1153 DERIAN PLACE		4. State/Country of Formation FL	
City, State, Zip NOKOMIS FL 34275		5. Date Organized or Qualified To Do Business in Florida 10/25/2002	
Principal Place of Business 2814 NORWOOD LANE VENICE FL 34292 US	3. New Principal Place of Business Address 1153 DERIAN PL. City, State, Zip NOKOMIS FL 34275	6. FEI Number 02-0648414	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
8. Name and Address of Current Registered Agent JANSEN, SUSAN L 2814 NORWOOD LANE VENICE FL 34292		9. Name and Address of New Registered Agent Name SUSAN JANSEN Street Address (P.O. Box Number is Not Acceptable) 1153 DERIAN PL City NOKOMIS FL Zip Code 34275	
10. 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 Susan Jansen SIGNATURE REQUIRED Date 10-30-03 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
PRES	SUSAN JANSEN	1153 DERIAN PL	NOKOMIS, FL 34275
V-PRES	PHILLIP JANSEN	1153 DERIAN PL	NOKOMIS, FL 34275
V-PRES	TRAVIS JANSEN	1153 DERIAN PL	NOKOMIS, FL 34275
<p>608024379566 11/03/03--01058--022 **155.00</p> <p>REINSTATEMENT 03 cus dec</p>			
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/Manager Susan Jansen SIGNATURE REQUIRED		Date 10-31-03	Daytime Phone # 941-484-4700
Typed or printed name of signing Managing Member/Manager SUSAN JANSEN			

CR2E084 (7/03)