

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT OF LIMITED LIABILITY COMPANY
L02000028103 FILED

1. DOCUMENT # L02000028103

03 DEC -2 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Mailing Address

0013282 01 AT 0.292 **AUTO TB 2 0615 34988-052323
 J.M.S. BUILDERS, L.L.C.
 P.O. BOX 880523
 PORT ST. LUCIE FL 34988-0523



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/22/2002	
Principal Place of Business P.O. BOX 880523 PORT ST. LUCIE FL 34988	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 26-0056034	Applied For Not Applicable
8. Name and Address of Current Registered Agent BALDWIN, PATRICIA A ESQ. C/O PATRICIA A. BALDWIN, P.A. 8000 SOUTH FEDERAL HIGHWAY, SUITE 300 PORT ST. LUCIE FL 34952		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		200025169022	
		12/02/03--01064--011 ***150.00	
		City FL Zip Code	

CR2E034 (7/03)

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: *Patricia A. Baldwin* Date: 10-27-03
 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
MGR	SHOPE, JAMES M	P.O. BOX 880523	PORT ST. LUCIE FL 34988

REINSTATEMENT 2003 *pkp*

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: *James M. Shope* Date: 10-27-03 Daytime Phone #: 772 370-5487
 Typed or printed name of sign. Managing Member/Manager: JAMES M. SHOPE