


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC -8 PM 5:35

1. DOCUMENT # L02000030700

Name and Mailing Address

0003629 01 AT 0.292 **AUTO T5 0 0615 32810-192012



JONATHAN JAMES, LLC
4112 TALL TREE DR.
ORLANDO FL 32810-1920

400025263704

12/08/03--01001--013 **50 00



2. New Mailing Address 140 N. Westmonte Drive, Suite 204		4. State/Country of Formation FL	
City, State, Zip Altamonte Springs, FL 32714		5. Date Organized or Qualified To Do Business in Florida 11/15/2002	
Principal Place of Business 4112 TALL TREE DR. ORLANDO FL 32810	3. New Principal Place of Business Address 140 N. Westmonte Dr., Ste 204		6. FEI Number 41-2069609
City, State, Zip Altamonte Springs, FL 32714		Applied For <input type="checkbox"/> Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent STEMBERGER, JOHN ESQ LAW OFFICES OF JOHN STEMBERGER, P.A. 4853 SOUTH ORANGE AVE., STE. C ORLANDO FL 32806		9. Name and Address of New Registered Agent Name Jonathan A. White Street Address (P.O. Box Number is Not Acceptable) 140 N. Westmonte Drive, Ste 204 City Altamonte Springs FL 32714	
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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 **Jon White** **SIGNATURE REQUIRED** Date **12-2-03**

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
President	Jonathan A. White	4112 Tall Tree Drive	Orlando, FL 32810

REINSTATEMENT **03**
dec

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 **Jonathan A. White** **SIGNATURE REQUIRED** Date **12-2-03** Daytime Phone # **407-389-0280**

Typed or printed name of signing Managing Member/Manager **Jonathan A. White**

CR2E084 (7/03)



Jonathan James, LLC

140 N. Westmonte Drive, Ste 204
Altamonte Springs, FL 32714

Phone: 407-389-0280
Email: jwhite@andrewfund.com

Fax: 321-577-0233
Web: www.andrewfund.com

2082

December 2, 2003

Florida Dept of State
Attn: Registration Section
P.O. Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

I received the attached in the mail and as soon as I opened it I called your offices (850-245-6051) and talked with your representative. She said that I should have received a Uniform Business Report in the mail in January of 2003 to file with the Florida Department of State. I am very careful to make sure all business communications are dealt with in a timely manner. I do not have any record of receiving such a document.

Your representative told me to write a letter explaining this occurrence. I have already put a note in my calendar to make sure that I receive my 2004 paperwork by February 1st of 2004 (If I don't get the new Uniform Business Report, I will contact your offices). I appreciate your dropping the late filing fee. If you have any questions, feel free to contact me with numbers provided.

Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in cursive script that reads "Jon White".

Jon White