

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 10 PM 6:51

1. DOCUMENT # L02000031696

Name and Mailing Address

0014466 01 AT 0.292 **AUTO T2 0 0615 34108-275599



JAMMAR, L.L.C.

5801 PELICAN BAY BOULEVARD TE. 103

NAPLES FL 34108-2755



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 5801 PELICAN BAY BOULEVARD TE. 103 NAPLES FL 34108		5. Date Organized or Qualified To Do Business in Florida 11/25/2002	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
8. Name and Address of Current Registered Agent PECK, DANIEL D 5801 PELICAN BAY BOULEVARD TE. 103 NAPLES FL 34108		7. CERTIFICATE OF STATUS DESIRED <input checked="" 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) City FL Zip Code			
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 <u>[Signature]</u> REGISTERED AGENT MUST SIGN Date <u>10/21/03</u>			
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	STREET, H.A.	28201 ALFRED MOORE COURT	BONITA SPRINGS FL 34135
400024528744 11/10/03--01006--013 **155.00			
REINSTATEMENT <u>03 days</u> 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

Date 10/28/03

Daytime Phone #

239-949-2409

Typed or printed name of signing Managing Member/Manager

H.A. Street