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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

1. DOCUMENT # L02000032525

Name and Mailing Address

04 FEB 16 PM 4:08

LR 02/26/04

0011070 01 AT 0.292 **AUTO TO 0 0615 34242-121212

J & A CONSTRUCTION & REMODELING, L.L.C.
612 TREMONT STREET
SARASOTA FL 34242-1212



REINSTATEMENT 2003-2004

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 612 TREMONT STREET SARASOTA FL 34242		5. Date Organized or Qualified To Do Business in Florida 12/04/2002	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 37 1451210 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
8. Name and Address of Current Registered Agent LITTLE, D. ALEXANDER 612 TREMONT STREET SARASOTA FL 34242		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) 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 SIGNATURE REQUIRED Date 29 Oct 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
	JAMES L. TALKIE	612 TREMONT ST	SARASOTA, FL 34242
			100024550601 11/10/03--01011--015 **150.00
			100024550601 02/16/04--01012--001 **50.00
		2003-2004	
12. I certify that I am managing member/manager of 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 SIGNATURE REQUIRED		Date 29 Oct 03	Phone # 941-346-5468
Typed or printed name of signing Managing Member/Manager			

CR2E084 (7/03)

REINSTATEMENT