

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2004 SEP 10 P 2:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700029074377  
02/19/04--01021--008 \*\*150.00

DOCUMENT # L02000033577

1. Limited Liability Company's Name

JRS MANAGEMENT, LLC

2. Principal Office Address

2712 BUCKTHORN WAY

Suite, Apt. #, etc.

City & State

NAPLES, FL

Zip

34105

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified  
To Do Business in Florida

12/13/02

6. FEI Number

54-2091694

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

MEINERS, LOUIS M., JR

Street Address (P.O. Box Number is Not Acceptable)

200 AVIATION DR.

Suite, Apt. #, Etc.

SUITE 2

City

NAPLES

State

FL

Zip Code

34104

9. 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

*Law Meiners Jr*

Date

11/11/04

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	SWANSBURG, JOHN R.	2712 BUCKTHORN WAY	NAPLES, FL 34105
MGRM	SWANSBURG, CHERYL	2712 BUCKTHORN WAY	NAPLES, FL 34105

11. 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

*John R. Swansburg*

Date

11/11/04

Daytime Phone #

407-341-5200

Typed or printed name of signing Managing Member/Manager

JOHN R. SWANSBURG

CR2E041 (10/02)

REINSTATEMENT

2003-2004