

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

L02000033854

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JAN -5 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L02000033854**

1. Limited Liability Company's Name

JAGUAR INVESTMENTS, LLC

600026471586
01/08/04--01015--006 **200.00

2. Principal Office Address

10859 EMERALD Coast Pkwy

Suite, Apt. #, etc.

#4-227

City & State

DESTIN, FL

Zip **32550**

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

12/17/02

6. FEI Number

55-0851175

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

Nick Gullo

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

205 Beach Dr. North

Suite, Apt. #, Etc.

City

DESTIN

State **FL**

Zip Code

32550

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

REGISTERED AGENT MUST SIGN

Date **1/5/03**

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
S	Nick Gullo	10859 EMERALD COAST PKWY #4-227	DESTIN FL 32550
T	Ryan Lorenzen	10859 EMERALD COAST PKWY #4-227	DESTIN FL 32550
P	LARRY BECKER, SR	529 OLD HICKORY DRD SUITE D	JACKSON, TN 38305

REINSTATEMENT

2003-2004

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

Date **1/5/03**

Daytime Phone# **850 543 6716**

Typed or printed name of signing Managing Member/Manager

NICK GULLO

CR2E041 (10/02)