Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000250843 3)))



H110002508433ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CLARK, PARTINGTON, HART AND HA

Account Number: 071201002016 Phone : (850) 434-9200

Fax Number : (850)432-7340

\*\*Enter the email address for this business entity to be used for fiture annual report mailings. Enter only one email address please.\*\*

Email Address: jts@jewelerstradeshop.com

## LIMITED LIABILITY REINSTATEMENT JTS PROPERTY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$377.50

C. LEWIS OCT 18 2011

**EXAMINER** 

Electronic Filing Menu Corporate Filing Menu

Help

## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  COMPANY  REINSTATEMENT  FLORIDA DEPARTMENT OF STATE  Secretary of State  DIVISION OF CORPORATIONS						FILED 2011 OCT 17 PM 2: 28			
DOCUMENT # L02000034791  1. Limited Liability Company's Name						SECRETARY OF STATE TALLAHASSEE, FLORIDA			
JTS PROPERTY, LLC									
2. Principal Office Address - No P.O. Box #			3. Mailing Office Address		CR2E041 (1/11)				
26 Palafox Place			26 Palafox Place Suite, Apt. #, etc.				4. State/Country of Formation Florida/USA		
Suite, Apt. #, stc.			оме, др., е. ец.				5. Date Organized or Qualified		
cny a state Pensacola, FL			City & Signe Pensac	City & State Pensacola, FL			6. FEI Numb	12/20/2002	
<sup>Zip</sup> 32502			32502			Country 7. CERTIFICA		E OF STATUS DESIRED S5.00 (Additional Fee required for a Certificate of Status)	
8.		Name and Address o	Current Register	ed Agent					
Name Corbett A. Davis, Jr.						E-mail Address:			
Street Address (P.O. Box Number is Not Acceptable) 26 Palafox Place									
Sulte, Apt. #, Etc.						jts@jewelerstradeshop.com			
					Zip Code 32502	(To be used for future annual report notices)			
9. 1, being appointed the registered agent of the above named limited flability company, am familter with and accept the obligations of Chapter 508, F.S.									
Signature of Registered Agent Date 10/13/4/									
10. Name	and Street	Addresses of Managing Mc			3,3,1	-			
Thea	Name of Managing Members/ Managers				Street Address of Each Managing Member/Manager		n iger	City / Starte / Zip	
MGRM	Corbett A. Davis, Jr., Trustee 26 Palafox Place					x Place	Pensacola, FL 32502		
	<del></del>	-							
REINSTATEMENT -2010 - 2011									
				13.0 m		** <u>. * . * . * . * . * . * . * . * . * </u>			
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 808, F.S. I further certify that when filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 508.408, 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 ceth. I am aware that false intermation submitted in a document to the Department of State constitutes a third degree falony as provided for in \$,817.155, F.S.  Signature of Managing  Member/Manager  Date 10 1 3 4 Destine Phone # 850-432-4433									
Typed or printed name of signing Managing Member/Manager Corport A. Davis, Jr., Managing Member/									
there as between a silling wastering upon an upon silling and an arranged and arranged arranged and arranged arranged and arranged arranged and arranged ar									