

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 APR 12 AM 9:56

DOCUMENT # L03000027345

1. Limited Liability Company's Name

JW Enterprises, LLC

700200394037
04/04/11--01053--010--**238.75
CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 979 Garrison Drive		3. Mailing Office Address 979 Garrison Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Saint Augustine, Florida		City & State Saint Augustine, Florida	
Zip 32092	Country Saint Johns	Zip 32092	Country Saint Johns

4. State/Country of Formation Duval County, Florida	
5. Date Organized or Qualified To Do Business in Florida 7-21-2003	
6. FEI Number 86-1077168	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name John P. Weiland			
Street Address (P.O. Box Number is Not Acceptable) 979 Garrison Drive			
Suite, Apt. #, Etc.			
City Saint Augustine	State FL	Zip Code 32092	

E-mail Address:
700200394037
04/13/11--01010--002 **138.75
jsweiland@comcast.net
(To be used for future annual report notices)

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 Date 3-31-11
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
MEM	John P. Weiland	979 GARRISON DR	St. Augustine, FL.
			32092
	REINSTATEMENT	2010, 2011	

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager Date 3-31-11 Daytime Phone # 904-217-7947
Typed or printed name of signing Managing Member/Manager



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

11 APR 12 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 6, 2011

JW ENTERPRISES, LLC
979 GARRISON DR
ST AUGUSTINE, FL 32092 US

SUBJECT: JW ENTERPRISES LLC
Ref. Number: L03000027345

We have received your document for JW ENTERPRISES LLC and check(s) totaling \$238.75. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$138.75. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 311A00008320