


2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000047518		
1. Entity Name JESSIE TUDOR CARPENTRY, LLC		

FILED

11 APR 26 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 10 POSEY ROAD CRAWFORDVILLE, FL 32327	Mailing Address 10 POSEY ROAD CRAWFORDVILLE, FL 32327
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2. Principal Place of Business - No P.O. Box # 1505 Dove Rd	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04112011 REIN-LLC CR2E101 (1/07)

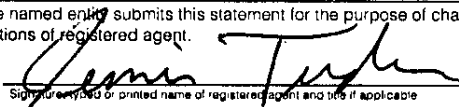
City & State Tall. FL	City & State
Zip 32317	Country Leon

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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6. Name and Address of Current Registered Agent TUDOR, JESSIE 10 POSEY ROAD CRAWFORDVILLE, FL 32327	
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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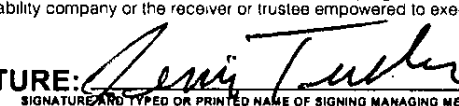
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$377.50	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TUDOR, JESSIE 10 POSEY RD CRAWFORDVILLE, FL 32327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RODGERS, JASON 6840 TOMYLEE TRAIL TALLAHASSEE, FL 32309 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Tracy Bodiford 44 Wallace Rd Tallahassee FL <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	700204451547 04/26/11--01011--006 **377.50
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.	
SIGNATURE: 	Date: 4-26-11
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	

APR 26 2011