

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 22 AM 10:06

DOCUMENT # **L03000048330**

1. Limited Liability Company's Name

John Register Enterprises, LLC

2. Principal Office Address

168 Alexis Ave.

Suite, Apt. #, etc.

City & State

Lakeland, Florida

Zip

33815

Country

USA

3. Mailing Office Address

168 Alexis Ave.

Suite, Apt. #, etc.

City & State

Lakeland, Florida

Zip

33815

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified To Do Business in Florida

11/26/03

6. FEI Number

27-0072495

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

John Register

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

168 Alexis Avenue

Suite, Apt. #, Etc.

City

Lakeland, Florida

State

FL

Zip Code

33815

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

John Register
REGISTERED AGENT MUST SIGN

Date

9/20/06

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
MGR	John Register	168 Alexis Ave.	Lakeland, Florida 33815

300080460513
10/24/06 #1037--007 **255.00

REINSTATEMENT 04-06

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 Register MGR

Date

9/20/06

Daytime Phone

(863)604-5277

Typed or printed name of signing Managing Member/Manager

John Register