


# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

04 NOV - 1 PM 12:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L03000049224</b> 1. Entity Name <b>JENNINGS SPRINKLER SYSTEM, LLC</b>	
---	---

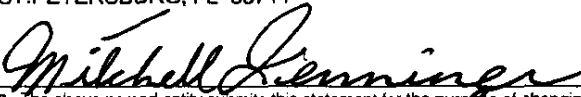
Principal Place of Business <b>3524 28TH AVENUE SOUTH ST.PETERSBURG, FL 33711</b>	Mailing Address <b>3524 28TH AVENUE SOUTH ST.PETERSBURG, FL 33711</b>
--	--

2. Principal Place of Business <b>3524 28th Ave. So.</b>	3. Mailing Address <b>3524 28th Ave. So.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>St. Pete., Fl.</b>	City & State <b>St. Pete., Fl. 33711</b>	4. FEI Number <b>593265798</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33711</b>	Country <b>Pirellas/US</b>	Zip <b>33711</b>	Country



10202004 REIN-LLC CR2E101 (6/04)

6. Name and Address of Current Registered Agent  <b>JENNINGS, MITCHELL 3524 28TH AVENUE SOUTH ST.PETERSBURG, FL 33711</b>  	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> 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 10/26/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$200.00</b>		<b>Make check payable to Florida Department of State</b>
--	--	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JENNINGS, MITCHELL 3524 28TH AVENUE SOUTH ST.PETERSBURG, FL 33711	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

07/12/04 -- 90131 -- 046 -- \$50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 608, Florida Statutes.

SIGNATURE: Mitchell Jennings DATE: 10/26/04 (727) 480-5147  
SIGNATURE AND TYPED OR PRINTED NAME OF FORMING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #