

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

W10000050447

2010 NOV -4 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000050614

1. Limited Liability Company's Name

JUPITER GARDENS LLC

300187459403
11/04/10--01039--003 **377.50

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 121 Anchorage Drive South		3. Mailing Office Address 121 Anchorage Drive South	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State North Palm Beach, FL		City & State North Palm Beach, FL	
Zip 33408	Country	Zip 33408	Country

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 2003	
6. FEI Number 20-0455945	<input type="checkbox"/> Applied For <input type="checkbox"/> 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 Frank E. Young			
Street Address (P.O. Box Number is Not Acceptable) 121 Anchorage Drive South			
Suite, Apt. #, Etc.			
City North Palm Beach		State FL	Zip Code 33408

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

REGISTERED AGENT MUST SIGN

Date

10/22/10

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
MGRM	FRANK E. YOUNG	121 Anchorage Drive South	North Palm Beach, FL 33408
MGRM	RONALD M. HYMAN	11528 Riverchase Run	WPB, FL 33412
		J. SAULSBERRY EXAMINER	
		NOV 5 2010	

REINSTATEMENT
09-10

11. E-mail Address: _____
(To be used for future annual report notifications)

12. 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

Date

10/22/10

Daytime Phone #

561-722-9521

Typed or printed name of signing Managing Member/Manager