

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000000498

1. Entity Name
JERTOW, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JAN 18 AM 9:20

Principal Place of Business
6802 SHIMMERING DRIVE
LAKELAND, FL 33813

Mailing Address
6802 SHIMMERING DRIVE
LAKELAND, FL 33813

2. Principal Place of Business
2504 N. Wilder Loop
Suite, Apt. #, etc.

3. Mailing Address
2504 N. Wilder Loop
Suite, Apt. #, etc.

01092006 REIN-LLC CR2E101 (11/05)

City & State
Plant City FL
Zip 33565 Country

City & State
Plant City FL
Zip 33565 Country

4. FEI Number
20-3332438
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

REHBERG, JAMES H
6802 SHIMMERING DRIVE
LAKELAND, FL 33813

7. Name and Address of New Registered Agent

Name
William E. Tower, Jr.

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

2504 N. Wilder Loop

City Plant City FL Zip Code 33565

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 *William E. Tower, Jr.*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 1/13/06

FILE NOW!!! FEE IS \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME TOWER, WILLIAM E ☐ Delete
STREET ADDRESS 2504 NORTH WILDER LOOP
CITY-ST-ZIP PLANT CITY, FL 33565

TITLE MGR
NAME REHBERG, JAMES H ☒ Delete
STREET ADDRESS 6802 SHIMMERING DRIVE
CITY-ST-ZIP LAKELAND, FL 33813

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS 100065002751
CITY-ST-ZIP 02/01/06--01083--014 **100.00

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS REINSTATEMENT 05-06
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 608, Florida Statutes.

SIGNATURE: *William E. Tower, Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

William E. Tower, Jr.

January 13, 2006 863-944-0799

Date

Daytime Phone #