

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2004 AUG 20 P 2:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L04000001334**

1. Limited Liability Company's Name

**JBS Properties, LLC**

2. Principal Office Address

**255 Fire Escape Rd.**

Suite, Apt. #, etc.

3. Mailing Office Address

**P.O. Box 308**

Suite, Apt. #, etc.

City & State

**St. Marks, Florida**

City & State

**St. Marks, Florida**

Zip

**32355**

Country

**Wakulla**

Zip

**32355**

Country

**Wakulla**

4. State/Country of Formation

**Florida, U.S.A.**

5. Date Organized or Qualified  
To Do Business in Florida

**December 30, 2004**

6. FEI Number

**51-0497574**

☒ 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

**James Thomas Ward**

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

**255 Fire Escape Rd.**

Suite, Apt. #, Etc.

City

**St. Marks**

State

**FL**

Zip Code

**32355**

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

**8/8/04**

**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	James Thomas Ward	255 Fire Escape Rd.	St. Marks, FL 32355
MGRM	Walter Scott Causey	3275 Vada Rd.	Bainbridge, GA 39817
MGRM	Bruce Dixon Duncan	371 Pine Lane	Crawfordville, FL 32327

**900040684349**

**08/31/04--01022--001 \*\*150.00**

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

**8/8/04**

Daytime Phone

**(850) 925-0134**

Typed or printed name of signing Managing Member/Manager

**James Thomas Ward**

CR2E041 (10/02)