

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000015029

Entity Name: J&S INVESTORS, LLC

FILED  
Oct 31, 2007  
Secretary of State

**Current Principal Place of Business:**

9308 SW 102ND TERRACE  
GAINESVILLE, FL 32608

**New Principal Place of Business:**

904 NW 136 STREET  
NEWBERRY, FL 32669

**Current Mailing Address:**

9308 SW 102ND TERRACE  
GAINESVILLE, FL 32608

**New Mailing Address:**

904 NW 136 STREET  
GAINESVILLE, FL 32608

FEI Number: 20-0774755      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MOSS, SHAWN  
1330 NW 6TH STREET  
SUITE D  
GAINESVILLE, FL 32601 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: SHAWN MOSS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MOSS, SHAWN  
Address: 9308 SW 102ND TERRACE  
City-St-Zip: GAINESVILLE, FL 32608

Title: MGRM ( ) Delete  
Name: MOSS, BRIDGETTE L  
Address: 9308 SW 102ND TERRACE  
City-St-Zip: GAINESVILLE, FL 32608

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MOSS, SHAWN  
Address: 904 NW 136TH STREET  
City-St-Zip: NEWBERRY, FL 32669

Title: MGRM (X) Change ( ) Addition  
Name: MOSS, BRIDGETTE L  
Address: 904 NW 136TH STREET  
City-St-Zip: NEWBERRY, FL 32669

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SHAWN MOSS

OWNE

10/31/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date