## PLEASE REAL ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT  LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				07 SEP -6 AH 10: LL		
DOCUMENT # LOY 000016499  1. Limited Liability Company's Name				TALLAHASSEE FLORIDA		
JERRY LIGHT, LLC				<b>600109294996</b> 03/11/0701018010 **250.00		
2. Principal Office Address - No P.O. Box#  3. Mailing Office Address				CR2E041 (1/07)		
312 MINTRCA AVENUE Suite, Apt. #, etc.	Suite, Apt. #, etc.			State/Country of Formation      Date Organized or Qualified     To Do Business in Florida		
St. Augustine, FL				6. FEI Number  O 3 0 2 2 00 2  Applied For  Not Applicable		
32080 Country USA	Zip	Country	-	7. CERTIFICATE	OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent  Name  Wendy Light  Street Address (P.O. Box Number is Not Acceptable)  312 Minorca Avenue  Suite, Apt. #, Etc.  City St. Augustine  State Zip Code  FL 32080				A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.		
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 Date 8-22-07  REGISTEREPIAGENT MUST SIGN						
10. Names and Street Addresses of Managing Members/Managers						
Titles Name of Managing Members/Managers		Street Address of Each Managing Member/Manager		jer	City / State / Zip	
Managing Wendy Light		312 Minorca Avenue		ue	St. Augustin, FL 32080	
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REINSTA				TATE	MENT 2005-2007	
11. 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 mormation 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  Typed or printed name of signing Managing Member/Manager  Typed or printed name of signing Managing Member/Manager						
Types of printed managing mentaging						