2005 LIMITED LIABILITY COMPANY REINSTATEMENT

REINSTATEMENT					SECRETA	ILLU PV OF OF	
DOCUMENT # L04000017355					SECRETAI DIVISION OF	CORPORATION	}₩¢
1. Entity Name JJR CONSTRUCTION, LLC					05 OCT 12	AM 9:59	/ (¶ C)
			1	ALES .	- 12	нп 9:59	
Principal Place		Mailing Address					
3525 VINEYARD CIRCLE 3525 VINEYARD CIRCLE DELTONA, FL 32738 DELTONA, FL 32738							
						MIMI	
2. Principal Place of Business JJR CONSTRUCTION, LLCJJR CONSTRUCTION, LLC				LC A			
Suite, Apt. #, etc. 1355 Enterprise Osteen Rd.1355 Enterpris				Osteen R	F REIN-LLC	CR2E101 (6/0	14)
City & State	A, FLORIDA 25	City & State DELTONA, FLO		4. FEI Nu	mber		Applied For Not Applicable
Zip 3272	5 Country 5	Zip 32725	Country	5. Certific	ate of Status Desired	□ \$5.00 . Fee Regi	Additional
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent							
RIES, JAMES J. Street Address (P.O. Box Number is Not Acceptable)							
3525 VINEYARD CIRCLE DELTONA, FL 32738			1355	Enterpr	ise Osteen		
			DELT	ONA		Zip.(Code_
City FL 3/2 Code 5 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 Signature, fipsed or printed name of regulared agent and title if applicable. (NOTE: Registrated Agent eignature required when retriestating) DATE							
FILE NOWIN FEE IS \$50.00 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.							
After January 1, 2006, Fee will be \$100.00 flability company did not receive the prior not					Florida Transport	Department of S	
9.	MANAGING MEMBEI	RS/MANAGERS	. 10.	1	ADDITIONS/		
HAME	RIES, JAMES J	LT Deserte	NAME			А	Sp CT WOULDON
STREET ADDRESS CITY-ST-ZIP	3525 VINEYARD CIRCLE DELTONA, FL 32738		STREET ADDRESS CITY-ST-ZIP	1	ERPRISE OS FLORIDA 3		;
TITLE NAME		☐ Delete	TITLE NAME			Chan	ge Addition
STREET ADDRESS			STREET ADDRESS	REINS	INIEME		IUS
TITLE		☐ Delete	CITY-ST-ZIP		 	☐ Chan	ge 🗀 Addition
NAME STREET ADDRESS			NAME Street address		300060 727/050104	96,793	3 .
CITY-ST-ZIP		-	CITY-ST-ZIP] [//27/U5U1U4		
NAME		Delete	FITLE NAME			☐ Chan	ge Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS City-St-Zip	}			
TITLE		☐ Delete	TITLE NAME			☐ Chan	ge 🔲 Addition
STREET ADDRESS			STREET ADDRESS				
TITLE		☐ Delete	CITY-ST-ZIP			☐ Chan	ge 🔲 Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP	1			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 manager or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.							
SIGNATURE: 10/10/2005 SIGNATURE AND TYPEU OF PRINTED MARK OF SIGNING MANAGING MEMBERS ANAMAGING OR AUTHORIZED REPRESENTATIVE 10/10/2005 District							
L		//					