

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

200.00
9-16-05

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY 26 AM 9:51

DOCUMENT #

1. Limited Liability Company's Name

JEC FLORIDA, LLC

L04000017559

2. Principal Office Address

2411 Ridgewind Way

Suite, Apt. #, etc.

3. Mailing Office Address

2411 Ridgewind Way

Suite, Apt. #, etc.

City & State

Windermere, FL

Zip

34785

Country

US

City & State

Windermere, FL

Zip

34785

Country

US

CR2E041 (8/05)

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

3/05/04

6. FEI Number

20-1685278

☒ 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

Glen Sincic

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

2411 Ridgewind Way

Suite, Apt. #, Etc.

City

Windermere

State

FL

Zip Code

34785

600075893226

06/06/06-01059-007 **201.00

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

X Glen Sincic

Date

3/24/06

REGISTERED AGENT MUST SIGN

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
MAN	Raymond C. Toot	9209 Ridge Pine Tr.	Orlando FL 32819
MAN	Paula S. Toot	9209 Ridge Pine Tr.	Orlando FL 32819

REINSTATEMENT 05-06

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 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

X Paula S. Toot

Date

3/24/06

Daytime Phone #

407-297-1337

Typed or printed name of signing Managing Member/Manager

PAULA S. Toot