

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 30 AM 9:11

DOCUMENT # **L04000025498**

1. Limited Liability Company's Name

JTF Properties, LLC

300087210423
02/05/07--01004--005 \$100.00

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

14471 NE 20th St.

Suite, Apt. #, etc.

3. Mailing Office Address

14471 NE 20th St.

Suite, Apt. #, etc.

City & State

Williston FL

City & State

Williston FL

Zip

32696

Country

US

Zip

32696

Country

US

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

20-0959867

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

Norm D. Fugate

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

248 Northwest Main Street

Suite, Apt. #, Etc.

City

Williston

State

FL

Zip Code

32696

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date **1/29/07**

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
MGR	John T. Hiers	607 NE 10th Blvd	Williston, FL 32696
MGR-M	G. Frank Etheridge	14731 NE 20th St.	Williston, FL 32696
MGR-M	M. Todd Etheridge	14471 NE 20th St.	Williston FL 32696

REINSTATEMENT **06-07**

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

[Signature]

Date

1/29/07

Daytime Phone #

352-528-3101

Typed or printed name of signing Managing Member/Manager

M. Todd Etheridge