

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

9-16-05
250.00

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 FEB -6 AM 9:56

DOCUMENT # L04000070993

1. Limited Liability Company's Name

Jorgensen Capital Management LLC

CR2E041 (8/05)

2. Principal Office Address

5710 Myakka Valley Trail

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

Zip

34241

Country

U.S.

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

10-27-2004

6. FEI Number

20-1693847

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

Steven Jorgensen

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

5710 Myakka Valley Trail

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34241

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

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
President	Steven Jorgensen	5710 Myakka Valley Trail	Sarasota FL 34241
V. President	Ernst Schimpf	W342 S4670 Moraine Hills Dr.	Nausman WI 53118
			400087724974 02/02/07--01041--008 **250.00
		REINSTATEMENT	05-07

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

Steven Jorgensen

Date

1/10/07

Daytime Phone #

924-9590
941 379 5736

Typed or printed name of signing Managing Member/Manager