

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 12 PM 2:15

DOCUMENT # L04000076760

1. Limited Liability Company's Name

JR & A ENTERPRISES, LLC

200129493582
05/14/08--01049--007 **\$55.00
CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 160 Plantation Circle South Suite, Apt. #, etc.		3. Mailing Office Address 160 Plantation Circle South Suite, Apt. #, etc.	
City & State PONTE VEDRA BEACH FL		City & State PONTE VEDRA BEACH FL	
Zip 32082	Country	Zip 32082	Country

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 10/21/2004	
6. FEI Number 26-2573326	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
SHERRY H. AYARS

Street Address (P.O. Box Number is Not Acceptable)
160 Plantation Circle South

Suite, Apt. #, Etc.

City
Ponte Vedra Beach

State
FL

Zip Code
32082

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 *Sherry H. Ayars* Date 5-8-08

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
MGR	ARTHUR D. AYARS, JR.	160 Plantation Circle South	Ponte Vedra Beach, FL 32082
MGR	SHERRY H. AYARS	160 Plantation Circle South	Ponte Vedra Beach, FL 32082

REINSTATEMENT

llh 05-08

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 608.408, 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 *Sherry H. Ayars* Date 5-8-08 Daytime Phone # 904-881-9095

Typed or printed name of signing Managing Member/Manager SHERRY H. AYARS