
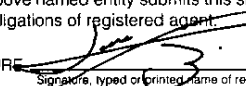
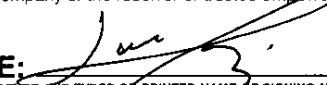


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 NOV -8 AM 10:54

DOCUMENT # L04000085000 1. Entity Name J & A ENTERPRISES, L.L.C.					
Principal Place of Business 2020 CLIPPER TERRACE LABELLE, FL 33935			Mailing Address 2020 CLIPPER TERRACE LABELLE, FL 33935		
2. Principal Place of Business 150 S. Industrial Loop Suite, Apt. #, etc.		3. Mailing Address P.O. Box 326 Suite, Apt. #, etc.			
City & State LaBelle Florida		City & State LaBelle Florida		4. FEI Number 56-2489939	
Zip 33935		Country U.S		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PEREZ, JUAN A 2020 CLIPPER TERRACE LABELLE, FL 33935				7. Name and Address of New Registered Agent Name Perez Juan A. Street Address (P.O. Box Number is Not Acceptable) 60 Clark Street City LaBelle Florida FL Zip Code	
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  (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$50.00 After January 1, 2006, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEREZ, JUAN A 2020 CLIPPER TERRACE LABELLE, FL 33935	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEREZ, ALBERTO F 1427 CAYWOOD CIRCLE NORTH LEHIGH ACRES, FL 33936	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEREZ, ALBERTO F. 621 Willard Avenue Lehigh Acres, FL 33936	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEREZ, ALBERTO F. 621 Willard Avenue Lehigh Acres, FL 33936	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEREZ, ALBERTO F. 621 Willard Avenue Lehigh Acres, FL 33936	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEREZ, ALBERTO F. 621 Willard Avenue Lehigh Acres, FL 33936	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEREZ, ALBERTO F. 621 Willard Avenue Lehigh Acres, FL 33936	<input type="checkbox"/> Delete			
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 the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date					
Daytime Phone #					