## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY				MENT OF STATI of State reporations	E	SECRETARY OF STATE DIVISION OF CORPORATIONS  08 FEB = 6 PM 3: 34	
DOCUMENT #  1. Limited Liability Company's Name					·		
JDR Rentals, LLC							
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address						CR2E041 (12/07)	
515 Tops'l Blvd	3. Mailing Office Address P.O.Box 14067			4. State/Cou	intry of Formation	٦	
Suite, Apt. #, etc.	Suite, Apt. #, etc.				a/United States		
					anized or Qualified siness in Florida		
City & State City & S					6. FEI Numi	January 10,2005 ~ .	-
Destin, FL	Jackson, MS		Country	23-59		le	
Zip Country Zip Zip 32550 United States 39236		<sup>Zip</sup> 39236		Country United States	7. CERTIFICAT	S5.00 Additional Fee requirements for a Certificate of Status	ed
8. Name and Address of Current Registered Agent							1
Name CT Corporation System						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.	
Street Address (P.O. Box Number is Not Acceptable)							
1200 South Pine Island Road Suite, Apt. #, Etc.					box, y		
Suite, Apt. W. Elic.					·		
City Plantation				State Zip Code FL 33324			
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 Assistant Secretary						Date 1/31/08	l
Trogistarou Algorit	R	EGISTERED AG	ENT MOST'S	SIGNIT SCIPLIA	<del>)</del>	<u> </u>	
10. Names and Stree	t Addresses of Managing Me	nbers/Managers	-			/	1
Titles Name of Managing Members/ Managers				Street Address of I Managing Member/M		City / State / Zip	
MGRM Richard L. Eaton			5722 I-5	5 N.Frontage Ro	· ·	Jackson, MS 39211	
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11.	n.			•	0270	00114865842 670801042010 **266.25	
REINSTATEMENT 2006 - 2008							
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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 Date /- 8-08 Daytime Phone # 601-956-2028							
Typed or printed name of signing Managing Member/Manager Richard L Eaton							