


# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000035292		
1. Entity Name J&A DEVELOPMENT, LLC		

FILED

2007 APR -5 AM 10:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 11841 ISLAND AVENUE MATLACHA, FL 33993 US	Mailing Address 11841 ISLAND AVENUE MATLACHA, FL 33993 US
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2. Principal Place of Business - No P.O. Box # <i>Above</i>	3. Mailing Address <i>Above</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04042007 REIN-LLC CR2E101 (1/07)	
4. FEI Number <i>43-2079730</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  MORTON, JACK D 11841 ISLAND AVENUE MATLACHA, FL 33993	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
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 <i>Jack Morton</i> JACK MORTON	DATE <i>4-4-07</i>

FILE NOW!!! FEE IS \$200.00	Make check payable to Florida Department of State <i>[Signature]</i>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORTON, JACK D 11841 ISLAND AVENUE MATLACHA, FL 33993 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEBAY, ALEXANDER 11841 ISLAND AVENUE MATLACHA, FL 33993 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>900096495199</i> <i>04/11/07--01033--011 **205.00</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>06-07</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Jack Morton</i> JACK MORTON	DATE <i>4-4-07</i> (313) 363-7823