

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Feb 16, 2007 8:00 A.M.
Secretary of State

DOCUMENT # L05000042528 1. Entity Name DONALD M. JONES L.L.C.					
Principal Place of Business 1126 S.W. INGRASSINA AVE. PORT SAINT LUCIE, FL 34953 US			Mailing Address 1126 S.W. INGRASSINA AVE. PORT SAINT LUCIE, FL 34953 US		
2. Principal Place of Business - No P.O. Box # 4199 N. LONGVALLEY RD		3. Mailing Address 4199 N. Longvalley Rd.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		01222007 REIN-LLC CR2E101 (1/07)	
City & State Hernando FL		City & State Hernando FL		4. FEI Number 87-0793367	
Zip 34442		Country Citrus		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DONALD JONES 1126 S.W. INGRASSINA AVE. PORT SAINT LUCIE, FL 34953			7. Name and Address of New Registered Agent Name Donald Jones Street Address (P.O. Box Number is Not Acceptable) 4199 N. Longvalley Rd. City Hernando FL Zip Code 34442		
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 <u>Donald Jones</u> DATE <u>1-22-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$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	<input type="checkbox"/> Delete Donald Jones, owner 4199 N. Longvalley Rd.		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300088881633 02/21/07--01017--014 **100.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete Hernando, FL 34442		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"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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: <u>Donald Jones</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>1-22-07</u> <small>Date Daytime Phone #</small>		