

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 MAR 24 PM 12:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L 05 000050523

1. Limited Liability Company's Name

JE-ST LLC

9/15/06

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

1521 51 Street West

Suite, Apt. #, etc.

3. Mailing Office Address

1521 51 Street West

Suite, Apt. #, etc.

City & State

Brdenton, FL

City & State

Brdenton, FL

Zip

34209

Country

USA

Zip

34209

Country

USA

4. State/Country of Formation

FL - USA

5. Date Organized or Qualified  
To Do Business in Florida

May 20, 2005

6. FEI Number

20-4663495

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

Jeffrey Sverdlow

Street Address (P.O. Box Number is Not Acceptable)

1521 51 Street West

Suite, Apt. #, Etc.

City

Brdenton FL

State

FL

Zip Code

34209

☒ 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

*Jeffrey Sverdlow*  
REGISTERED AGENT MUST SIGN

Date 3/15/09

**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	Jeffrey Sverdlow	1521 51 Street West	Brdenton FL 34209
Mgr	W. Stuart Gregory	1812 Manatee Ave West	Brdenton FL 34205
700146159607 03/18/09--01038--007 **555.00			
<b>REINSTATEMENT</b> without Penalty			
2006 - 2009 up 3/25			

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

*Jeffrey Sverdlow*

Date 3/15/09

Daytime Phone # 941-366-3600

Typed or printed name of signing Managing Member/Manager