


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000052370	
1. Entity Name THOM JONES CONSTRUCTION, LLC	

FILED

08 JUN 23 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 660 STATE ROAD #26 MELROSE, FL 32666 US	Mailing Address POST OFFICE BOX 547 MELROSE, FL 32666 US
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2. Principal Place of Business - No P.O. Box # 660 SR 26	3. Mailing Address PO Box 547
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State melrose FL	City & State melrose FL
Zip 32666	Country USA

05152008 REIN-LLC CR2E101 (1/07)

4. FEI Number 20-3098649	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 NEWELL, PAUL D 260A LAWRENCE BLVD. SUITE 201 KEYSTONE HEIGHTS, FL 32656	
7. Name and Address of New Registered Agent Name Thom Jones Street Address (P.O. Box Number is Not Acceptable) 660 SR. 26 City melrose FL Zip Code 32666	

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 Thom Jones DATE 6-19-08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$377.50	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONES, THOM 660 STATE ROAD #26 MELROSE, FL 32666 <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
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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: Thom Jones Thom Jones DATE 6-19-08 DAYTIME PHONE # 352-235-1364

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE