


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC -5 AM 8:53

DOCUMENT # L05000056657 1. Entity Name J SMITH ENTERPRISE, LLC					
Principal Place of Business 1241 NE 23RD STREET GAINESVILLE, FL 32641 US			Mailing Address 1241 NE 23RD STREET GAINESVILLE, FL 32641 US		
2. Principal Place of Business 3822 NE 159th Pl. Suite, Apt. #, etc.		3. Mailing Address 3822 NE 159th Pl. Suite, Apt. #, etc.			
City & State Gainesville		City & State Gainesville		4. FEI Number 30-0321486	
Zip 32609		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, JOHN JR 1241 NE 23RD STREET GAINESVILLE, FL 32641			7. Name and Address of New Registered Agent Name Smith John Jr. Street Address (P.O. Box Number is Not Acceptable) 3822 NE 159th Pl. City Gainesville FL Zip Code 32609		
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>John Smith Jr. - Owner/Manager</u> 11/30/06 <small>Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, JOHN JR 1214 NE 23RD STREET GAINESVILLE, FL 32641	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Owner/Manager Smith John Jr. 3822 NE 159th Pl. Gainesville, FL 32609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	900082263439 12/04/06--01056--020 **155.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2006	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2006	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2006	<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>John Smith Jr.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>11/30/06</u> Daytime Phone # <u>352-213-9072</u>		