

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

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.

3. Mailing Address
3822 NE 159th Pl.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Gainesville

City & State
Gainesville

Zip
32609

Country
US

Zip
32609

Country
US

6. Name and Address of Current Registered Agent

SMITH, JOHN JR
1241 NE 23RD STREET
GAINESVILLE, FL 32641

4. FEI Number
30-0321486

Applied For

Not Applicable

5. Certificate of Status Desired
 \$5.00 Additional Fee Required

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 John Smith Jr. - Owner/Manager

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

11/30/06
DATE

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			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, Jr. 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		<input type="checkbox"/> Delete	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		<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	REINSTATEMENT 2006	<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: John Smith Jr.

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

11/30/06

Date

352-213-9072

Daytime Phone #