


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT 1. Entity Name JENRY'S	05000087095 ATION LLC	
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Principal Place of Business 1599 PAUL RUSSELL RD TALLAHASSEE, FL	Mailing Address 1599 PAUL RUSSELL RD TALLAHASSEE, FL 32301
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2. Principal Place of Business 105441 Suite, Apt. #, etc. 15th Wy	3. Mailing Address Suite, Apt. #, etc. SAME
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City & State Tallahassee, FL	City & State	4. FEI Number 36-4581595	Applied For <input type="checkbox"/> Not Applicable
Zip 32311	Country USA	Zip	Country

6. Name and Address of Current Registered Agent CABRERA, ROSIE 908 ALLIEGOOD CT. TALLAHASSEE, FL 32303	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DELGADO, JENRY 1599 PAUL RUSSELL RD TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700080964827 10/18/06--01051--020 **50.00
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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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 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 company; and that the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE JENRY DELGADO	DATE	Daytime Phone #
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FILED

06 OCT 16 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10162006 REIN-LLC CR2E101 (11/05)