


# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000092099		
1. Entity Name J & A LAND MANAGEMENT, LLC		

Principal Place of Business P.O. BOX 1674 HAINES CITY, FL 33845 US	Mailing Address P.O. BOX 1674 HAINES CITY, FL 33845 US
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2. Principal Place of Business - No P.O. Box # 301 N. 23rd St. Suite, Apt. #, etc.	3. Mailing Address 301 N. 23rd St. Suite, Apt. #, etc.
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City & State Haines city Zip 33844 Country POLK	City & State Haines City Zip 33844 Country POLK
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6. Name and Address of Current Registered Agent HAFF, TULA M ESQUIRE 3399 CYPRESS GARDENS ROAD SUITE C WINTER HAVEN, FL 33884	7. Name and Address of New Registered Agent Name Jason Williams Street Address (P.O. Box Number is Not Acceptable) 301 N. 23rd St City Haines City FL Zip Code 33844
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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:  DATE: 5-16-07

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$200.00	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 Jason Williams 301 N. 23rd St. Haines City FL 33844	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 000103503940 05/31/07--01019--011 **200.00	<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	<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
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:  DATE: 5-16-07

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

FILED  
07 MAY 23 PM 3:30  
TALLAHASSEE, FLORIDA



05042007 REIN-LLC CR2E101 (1/07)

4. FEI Number ☒ Applied For  
Not Applicable

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

REINSTATEMENT  
06-07