2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000108786

1. Entity Name
JAY PROPERTIES LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 DEC 29 AM 8:30

Principal Place of Business	Mailing Address
5743 TENNESSEE DR NEW PORT RICHEY, FL 34652-2848	5743 TENNESSEE DR NEW PORT RICHEY, FL 34652-2848

12122006 REIN-LLC CR2E101 (11/05)

2. Principal Place of Business	3. Mailing Address
5743 Tennessee Avenue	5743 Tennessee Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New Port Richey FL	City & State: New Port Richey FL
Zip: 34652 Country: PASCO	Zip: 34652 Country: PASCO

4. FEI Number ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DELFRATE, JOHN 9234 CHASE ST. SPRING HILL, FL 34606	Name: John Del Frate Street Address (P.O. Box Number is Not Acceptable): 9234 Chase Street City: Spring Hill FL Zip Code: 34606

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 [signature] John S. Del Frate 12/20/06
Signature, typed or printed name of registered agent and title if applicable. (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

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SORENSEN, JAMES C 5743 TENNESSEE DR NEW PORT RICHEY, FL 346522848	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 900082815959 12/28/06--01018--015 **55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT 2006
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [signature] 12/20/06 (727) 489 7519
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #