


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000005947		
1. Entity Name JSVILLA LC		

Principal Place of Business % JOHN VILLANUEVA P.O. BOX 3954 TALLAHASSEE, FL 32315	Mailing Address % JOHN VILLANUEVA P.O. BOX 3954 TALLAHASSEE, FL 32315
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2. Principal Place of Business - No P.O. Box # 1002 8 AVE	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Graveville FL	City & State
Zip 32440	Country


6. Name and Address of Current Registered Agent	
VILLANUEVA, JOHN S 8702 MILES JOHNSON RD. TALLAHASSEE, FL 32309	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 \$277.50	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 VILLANUEVA, JOHN S P.O. BOX 3954 TALLAHASSEE, FL 32315	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 606, Florida Statutes.	
SIGNATURE: 	6-20-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date

FILED
08 JUN 20 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06202008 REIN-LLC CR2E101 (1/07)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required

REINSTATEMENT 07,08