## 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

REINSTATEMENT				-	250			
DOCUMENT # L06000042536				01	SEU VIS			
Sentity Name     JK&C COMPANY, LLC	•	1						
					<b>07</b> DEC 28	MHII: 13		
Principal Place of Business	Mailing Address			1				
6106 44TH COURT EAST	6106 44TH COURT EA							
BRADENTON, FL 34203 US	BRADENTON, FL 3420	<i>ს</i> ა სა		£ 16 01(2)). 0	II BUSIN NEIIK NEIK NEIK NUK	L BYTH EIRIG HEAL BITH HILL B	MITTI ME STRI	
Principal Place of Business - No P.O. Box #     3. Mailing Address								
Suite, Apt. #, etc.	Apt. #, etc. Suite, Apt. #, etc.			12212007	REIN-LLC	CR2E101 (1/07)		
City & State City & State				4. FEI Numb			oplied For	
Zip Country	Zip	Zip Country			13-4332049   Not Applicable    5. Certificate of Status Desired   \$5.00 Additional			
6. Name and Address of Current F	egistered Agent			7. Name and Address of New Registered Agent				
Nan			Name Icard, Mo	errill,	Cullis, Ti	nm, Furen &	Ginsburg	
NUNEZ, KENIA 6106 44TH COURT EAST			Street Address (P.O. Box N 2033 Main Str		nor is Not Acceptable	14	P. A	
BRADENTON, FL 34203								
			City Sarasota FL Zip Code 34237			37		
The above named entity submits this statement for the obligations of registered agent.	the purpose of changing its	s registere			oth, in the State of Flo	orida. I am familiar with.	and accept	
SIGNATURE J/ky f.?					1	13/27/07		
Signature, typed or printed name of registered agent at	nd title if applicable. (NOT	TE: Registere	d Agent signature requi	ired when reinstating	9)	DATE		
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$200.00						e check payable to a Department of Stat	e	
9. MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE MGRM NAME NUNEZ, KÉNIA	☐ Delete	TITLE		-5	000119.	Change	Addition	
STREET ADDRESS 6106 44TH COURT EAST CITY-ST-ZIP BRADENTON, FL 34203			ET ADDRESS ST-ZIP	1277	2870701042	483203 ?008 **50.	00	
TITLE NAME	☐ Delete	TITLE NAME				☐ Change	☐ Addition	
STREET ADDRESS		STREE	ET ADDRESS					
CITY-ST-ZIP	Delete	CITY -	ST-ZIP			☐ Change	Addition	
NAME	La bellete	NAME	:			E_ ondinge		
STREET ADDRESS CITY-ST-ZIP			ET ADDRESS ST-ZIP				1	
TITLE NAME	☐ Delete	TITLE				☐ Change	☐ Addition	
STREET ADDRESS			ET ADDRESS					
CITY-SI-ZIP INTLE	☐ Delete	CITY-	ST-ZIP			☐ Change	Addition	
NAME	Deserte	NAME	:			Shange	Addition	
STREET ADDRESS  CITY-ST-ZIP			ET ADDRESS ·ST-ZIP					
THE	☐ Delete	TITLE	<b>I</b>			☐ Change	Addition	
NAME STREET ADDRESS		NAME STREE	ET ADDRESS					
CITY-ST-ZIP	this filing does not qualify for		ST-ZIP	Lin Chanter 110	Florido Province 17	orthog possific the table 1.1	asmatic :	
<ol> <li>I hereby certify that the information supplied with indicated on this report is true and accurate and I limited liability company or the regeiver of trustee</li> </ol>	that my signature shall have	the same	legal effect as if r	made under oa	th; that I am a manag	ging member or manage	er of the	
, 1/			,,		٠	941-737	-6 801	
SIGNATURE:	SIGNING MANAGING MEMBER 4	MAGED OF	AUTHORIZED REPRESI	ENTATIVE	12/18/0	Daytime Phone #		
SIGNATURE AND THE OR PAINTED NAME OF	SIGNING MANAGING MEMBER, MA	WAGER, OR	AVIOUNIZED REPHESI	CHIMINE	Date	□aytime Phone #		