2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000073387 1. Entity Name J.W. ENTERPRISES, LLC		SECRETARY OF STATE DIVISION OF CORPORATIONS 08 FEB 21 PM 4: 30
	Idress IMERCE WAY STE 112 OD, FL 32750	0012021111100
2. Principal Place of Business - No P.O. Box # 4	Box 521925	02152008 REIN-LLC CR2E101 (1/07)
City & State City & State City & State Country Zip Zip Zip	ate angwood, FL, Country USA	4. FEI Number 20-5260245 Not Applicable 5. Certificate of Status Desired \$5.00 Additional Fee Required
NUGENT, F J 400 COMMERCE WAY STE 112	Name /V/	7. Name and Address of New Registered Agent 1991 1998 199
LONGWOOD, FL 32750	City 5an	Ford FL Zip Godg 173
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, typic or printed name of registered agent and title applicable (NOTE: Registered Agent signature required when reinstating) DATE		
	ordance with s. 607.193(2)(b), F.S., the company did not receive the prior no	
9. MANAGING MEMBERS/MANAGER ITILE MGRM NAME ZENTNER, W W STREET ADDRESS 400 COMMERCE WAY STE 112 LONGWOOD, FL 32750	Delete TITLE IM G NAME STREET ADDRESS 4/1	ADDITIONS/CHANGES Ther W. W. Wylly Ave. nford. FL. 32773
NAME NUGENT, F J STREET ADDRESS 400 COMMERCE WAY STE 112 LONGWOOD, FL 32750	NAME STREET ADDRESS CITY-ST-ZIP SQ	and Addition Willy Ave.
NAME STREET ADDRESS CITY-SI-ZIP	Delete TITLE NAME STREET ADDRESS CITY - ST- ZIP	Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete TITLE NAME STREET ADDRESS CITE 2	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete FITE NAME STREET ADDRESS CITY - ST-ZIP	O7-08 Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	Delete IIITE NAME STREET ADDRESS CITY-ST-ZIP	Thanbe 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: 2/15/08 407-936-1139 SIGNATURE AND TYPED OR PRINTED NAME OF SKINTRY WING WEIGHER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Device Phone #		