

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2011 SEP 20 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000016896

1. Limited Liability Company's Name

JBS, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #
221 McKenzie Ave.

Suite, Apt. #, etc.

City & State

Panama City, Florida

Zip

32401

Country

USA

3. Mailing Office Address

221 McKenzie Ave.

Suite, Apt. #, etc.

City & State

Panama City, Florida

Zip

32401

Country

USA

4. State/Country of Formation
Florida/USA

5. Date Organized or Qualified
To Do Business in Florida February 13, 2007

6. FEI Number
20-8438764

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name Edward A. Hutchison, Jr.

Street Address (P.O. Box Number is Not Acceptable)
221 McKenzie Ave.

Suite, Apt. #, Etc.

City
Panama City

State
FL

Zip Code
32401

E-mail Address:
300212382673
09/21/11--01001--008 **\$55.00

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Date 9/21/11

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MMG	Allen Pope	6225 Little Dirt Road	Panama City, FL 32404

REINSTATEMENT 2008-2011

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Date 9/13/11

Daytime Phone (850) 769-1414

Typed or printed name of signing Managing Member/Manager Allen Pope

C.L.