

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

10 JAN 14 PM 4:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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01/15/10--01001--014 \*\*277.50

CR2E041 (11/09)

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 607000021767

1. Limited Liability Company's Name

J&S Associates LLC

2. Principal Office Address - No P.O. Box #

3464 Domi-Fitz Ct

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 555674

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32805

Country

USA

Zip

32855

Country

USA

4. State/Country of Formation

US

5. Date Organized or Qualified To Do Business in Florida

2-26-07

6. FEI Number

20-8396699

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

John Salter

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

1583 Kay Ave

Suite, Apt. #, Etc.

Apt D

City

Tallahassee

State

FL

Zip Code

32301

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 1-14-10

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
<u>mgr/m</u>	<u>Clinton Salter</u>	<u>2410 Monte Carlo Tr</u>	<u>Orlando, FL 32805</u>
<u>mgr/m</u>	<u>Charlie Jean Salter</u>	<u>3464 Domi-Fitz Ct</u>	<u>Orlando, FL 32805</u>
<u>mgr/m</u>	<u>Donald Huzzie</u>	<u>3416 Forest Dale Dr</u>	<u>Orlando, FL 32808</u>
<b>REINSTATEMENT</b>			<u>09/10</u>

11. E-mail Address:

(To be used for future annual report notifications)

12. 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.

Signature of Managing Member/Manager

[Signature]

Date 1-14-10

Daytime Phone # 407-590-0242

Typed or printed name of signing Managing Member/Manager

[Handwritten initials]