


# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000032636		
1. Entity Name JASON'S PROPERTIES INVESTMENT, LLC		

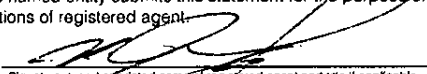
Principal Place of Business 6108 WEST LINEBAUGH AVENUE TAMPA, FL 33625	Mailing Address 6108 WEST LINEBAUGH AVENUE TAMPA, FL 33625
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 2344 CRESTOVER LN BLDG 7
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State WESLEY CHAPEL, FL	City & State WESLEY CHAPEL, FL
Zip 33544	Country PASCO

6. Name and Address of Current Registered Agent WILLIAMS SCHIFINO MANGIONE & STEADY, P.A. % JACQUELINE BELL, ESQ. ONE TAMPA CITY CENTER, SUITE 3200 TAMPA, FL 33602	7. Name and Address of New Registered Agent Name JOSE S RAMOS Street Address (P.O. Box Number is Not Acceptable) 2344 CRESTOVER LN BLDG. 7 City WESLEY CHAPEL FL Zip Code 33544
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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.

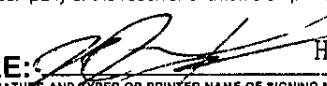
SIGNATURE  DATE 2/9/09

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  H. JASON FREYRE - MGR 2/5/09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #

FILED

2009 MAR -3 PM 12:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02052009 REIN-LLC CR2E101 (1/07)

4. FEI Number 26-3880020	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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2/9/09

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REINSTATEMENT

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