


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

09 JAN -8 AM 8:54

SECRETARY OF STATE
TALLAHASSEE FLORIDA

| | | | |
|--|--|---|---|
| DOCUMENT # L07000089619 | |  | |
| 1. Entity Name DJ 24 HOUR LLC | | | |
| Principal Place of Business 550 N. REO STREET, SUITE 300 TAMPA, FL 33609 | | Mailing Address 550 N. REO STREET, SUITE 300 TAMPA, FL 33609 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 26-1201306 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| JETER, S CHARLES 550 S REO STREET STE 300 OFFICE #10 TAMPA, FL 33609-1065 | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 <u>S. Charles Jeter</u> | | DATE <u>12/26/08</u> | |
| FILE NOW!!! FEE IS \$238.75 After January 1, 2009, Fee will be \$377.50 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR JETER, S. CHARLES 550 N. REO STREET, SUITE 300 OFFICE #10 TAMPA, FL 33609 <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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| 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: <u>S. Charles Jeter</u> | | DATE <u>12/26/08</u> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Date Daytime Phone # | |



12222008 REIN-LLC CR2E101 (1/07)

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12/31/08 01058 087 ***228-75

REINSTATEMENT

L. SELLERS

JAN 9 2009

EXAMINER

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