

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**

2008 NOV 21 PM 3:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09302008 REIN-LLC CR2E101 (1/07)

<b>DOCUMENT # L07000101396</b> 1. Entity Name JENKINS II REAL ESTATE HOLDINGS, LLC																													
Principal Place of Business 12853 BANYAN CREEK DR FORT MYERS, FL 33908 US			Mailing Address 12853 BANYAN CREEK DR FORT MYERS, FL 33908 US																										
2. Principal Place of Business - No P.O. Box # <u>339 Nahant Road</u> Suite, Apt. #, etc.		3. Mailing Address <u>339 Nahant Road</u> Suite, Apt. #, etc.																											
City & State <u>Nahant MA</u>		City & State <u>MA</u>		4. FEI Number Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>																									
Zip <u>01908</u>		Country <u>USA</u>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent  ISLAND FINANCIAL SERVICES, INC. 12853 BANYAN CREEK DR FORT MYERS, FL 33908			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. box Number is Not Acceptable) _____ City _____ State <u>FL</u> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
<b>FILE NOW!!! FEE IS \$238.75</b> <b>After January 1, 2009, Fee will be \$377.50</b>			<b>Make check payable to</b> <b>Florida Department of State</b>																										
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES																										
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <u>11/13/08</u> Daytime Phone #: <u>617 226 0424</u>																										

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