PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.				
LIMITED LIABILITY COMPANY REINSTATEMENT		re (31	(312 FEET 6 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
DOCUMENT # LO7000109832 1 Limited Liability Company's Name JAS Killearn LLC			CR2E041 (11/09)	
2. Principal Office Address - No P.O. Box #	3. Mailing Office Address		try of Formation	
1400 Metrophilion Biva. Suite, Apt. #, etc.	1400 Metropolitan Blvz Suite, Apt. #, etc.		N: che	
210-Suite	210-Soite	5, Date Organ To Do Dus	nized or Qualified nass in Fluridia Tel 2008?	
City & State	City & State	6. FEI Numbe		
Zin Country	Zip Country			
32312 USA	32312 USA	CERTIFICATE	OF STATUS DESIRED SSUD Additional Fee required	
8. Name and Address of Current Registered Agent			· · · · · · · · · · · · · · · · · · ·	
John Schrowing			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	
Street Address (P.O. Box Number is Not Acceptable) 1400 Metrophilitan Bluch				
Suite, Apt. #, Etc. 5.51 Le-210			ceived and requesting the \$100	
Oly Tallahassee	State Zip Code FL うえらうと			
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 Date Date Date				
10. Names and Street Addresses of Managing Members/Managers				
Titles Managing Members/ Manag	ers Street Address of Managorg Memberl		City / Staty / Zip	
YP Melanie Schro	wing 7833 McClure	Drive	Tallahassee (-12 3232	
			1-70658348 01025006 ***332.50	
(			170558346	
Killing LAI EMIL	210 1 2008-2012	03710/10	01029025 **38.75	
	OB			
		<u> </u>		
11. E-mail Address: JSCARD 3292 and AOL, COM				
(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 bees 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 onthe				
Managing Member/Manager (1) Achowy Date 21 23 10 Daytime Phone # 850-943-3797				
Typed or printed name of signing Managing Member	Manager John Schrauc	_		