2008 LIMITED LIABILITY COMPANY
REINSTATEMENT

DOCUMENT # L07000117144

1. Entity Name
ANDREW JACKSON RENOVATION L.L.C.

10022008   REIN-LLC   CR2E101 (1/07)

Principal Place of Business	Mailing Address
8507 TRADE WINDS DR PORT ST JOE, FL 32456	8507 TRADE WINDS DR PORT ST JOE, FL 32456

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 — Applied For / ☑ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STEVENS, ANDREW J 8507 TRADE WINDS DR PORT ST JOE, FL 32456	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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75 **After January 1, 2009, Fee will be $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**

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEVENS, ANDREW J 8507 TRADE WINDS DR PORT ST JOE, FL 32456	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Stevens, Andrew J 619 Collins Dr. Tallahassie, FL 32303	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300136618033 10/03/08--01056--001 **138.75	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300136618033 10/03/08--01056--002 **5.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT	☐ Change ☐ 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: X_____   10/02/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #