

LD7000126060

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000108684 3)))



H100001086843ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
 Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (850) 222-1092
 Fax Number : (850) 878-5368

FILED
2010 MAY -4 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____


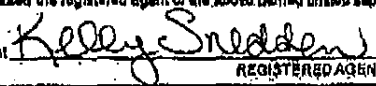
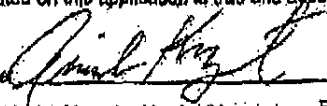
RECEIVED
10 MAY -4 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY REINSTATEMENT
JEWETT LANE RETENTION POND PROPERTY OWNERS
ASSOCIATI**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$516.25

C. LEWIS
MAY 5 2010
EXAMINER

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # LO7000126060					
1. Limited Liability Company's Name Jewett Lane Retention Pond Property Owners Association, LLC					
2. Principal Office Address - No P.O. Box # 12345 East Nine Mile Road Suite, Apt. #, etc.		3. Mailing Office Address Same Suite, Apt. #, etc.		4. State/Country of Formation Florida	
City & State Warren, MI		City & State		5. Date Organized or Qualified To Do Business in Florida: December 20, 2007	
Zip 48090	Country USA	Zip	Country	6. FEL Number 27-2439816	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> Additional Fee required for a Certificate of Status
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>					
8. Name and Address of Current Registered Agent					
Name CT Corporation System					
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road					
Suite, Apt. #, Etc.					
City Plantation		State FL	Zip Code 33324		
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 		Kelly Snedden REGISTERED AGENT		Date 5-4-2010 Secretary	
10. Names and Street Addresses of Managing Members/Managers					
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager		City/State/Zip	
MSRM	Richard Kingston	12345 East Nine Mile Road		Warren, MI 48090	
MCRM	Joel Lehman	2540 Jewett Lane		Sanford, FL 32771	
11. E-mail Address: Elizabeth Hubbard: ehubbard@us.tiauto.com (To be used for future annual report notifications)					
12. I certify that I am a managing member/manager or the receiver or trustee empowered to execute this application as provided 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 fees 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 oath.					
Signature of Managing Member/Manager 		Date May 3, 2010		Daytime Phone # 586 755 8401	
Typed or printed name of signing Managing Member/Manager Richard Kingston					