

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L09000023417

1. Limited Liability Company's Name

JTMPC, LLC

2. Principal Office Address - No P.O. Box #  
105 S. 41st Street, #C

Suite, Apt. #, etc.

City & State

Mexico Beach, FL

Zip

32410

Country

USA

3. Mailing Office Address

6553 Mink Drive

Suite, Apt. #, etc.

City & State

Midland, GA

Zip

31820

Country

USA

8. Name and Address of Current Registered Agent

Name

John T. Miller, III

Street Address (P.O. Box Number is Not Acceptable)

105 S. 41st Street, #C

Suite, Apt. #, Etc.

City

Mexico Beach

State

FL

Zip Code

32410

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 3/10/09

6. FEI Number

Applied For



Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

E-mail Address:

400236084214  
06/08/12--01029--008 \*\*546.25

jmiller@troy.edu

(To be used for future annual report notices)

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

John T. Miller III

Date

6/4/12

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MM MEM	John T. Miller, III	6553 Mink Drive	Midland, GA 31820

REINSTATEMENT 10-12

JUN 15 2012

L. SELLERS

11. 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 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing  
Member/Manager

John T. Miller III

Date

6/4/12

Daytime Phone #

706-662-1918

Typed or printed name of signing Managing Member/Manager John T. Miller, III