

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L09000048493

1. Limited Liability Company's Name

JTMMB, LLC

2. Principal Office Address - No P.O. Box #
3601 36th Street, Unit 301

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

REINSTATEMENT 10-12

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

5/18/09

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name Garth D. Bonney

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

445 Grace Avenue

Suite, Apt. #, Etc.

City

Panama City

State

FL

Zip Code

32401

E-mail Address:

000236084330
06/08/12--01029--009 **\$21.25

jmillert@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

Garth D. Bonney

REGISTERED AGENT MUST SIGN

Date 6/4/12

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

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