

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L99000004700

1. Limited Liability Company's Name

JLN HOLDINGS, L.C.

FILED
2009 APR -7 PM 12: 32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 14255 US HIGHWAY ONE		3. Mailing Office Address 14255 US HIGHWAY ONE	
Suite, Apt. #, etc. SUITE 215		Suite, Apt. #, etc. SUITE 215	
City & State JUNO BEACH, FL		City & State JUNO BEACH, FL	
Zip 33408	Country USA	Zip 33408	Country USA

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 08/02/1999	
6. FEI Number 65-0947133	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name DONALD V. FARRISS, JR		
Street Address (P.O. Box Number is Not Acceptable) 14255 US HIGHWAY ONE		
Suite, Apt. #, Etc. SUITE 215		
City JUNO BEACH	State FL	Zip Code 33408

☐ 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 not received and requesting the \$100 reinstatement be waived.

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

Donald V. Farriss, Jr.

REGISTERED AGENT MUST SIGN

Date 4/6/09

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
MGR	D. GARY ALVEY	1514 3RD STREET CIRCLE EAST	PALMETTO, FL 34221

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.

Signature of
Managing Member/Manager

D. Gary Alvey

Date 03/31/2009 Daytime Phone # 941.350.7560

Typed or printed name of signing Managing Member/Manager D. GARY ALVEY, MANAGER