

PLEASE READ ALL INSTRUCTIONS BEFORE FILING THIS FORM

L99000006089

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 31 AM 11:12

STATE
TALLAHASSEE FLORIDA

DOCUMENT # L99000006089

1. Limited Liability Company's Name

Jefferson Power, L.C.

9/26/03

2. Principal Office Address

423 Old Drifton Rd.

Suite, Apt. #, etc.

City & State

Monticello, Florida

Zip

32344

Country

United States

3. Mailing Office Address

Route 3, Box 66M

Suite, Apt. #, etc.

City & State

Bristol, Florida

Zip

32321

Country

United States

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

09/27/1999

6. FEI Number

593607333

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

400024616364
11/13/03--01002--014 **150.00

8. Name and Address of Current Registered Agent

Name

Mitchell Larkins

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

Route 3, Box 66M

Suite, Apt. #, Etc.

City

Bristol

State

FL

Zip Code

32321

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

[Signature]

Date

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
MGRM	Mitchell Larkins	Route 3, Box 66M	Bristol, FL 32321
MGRM	LTJ, Inc.	901 Geddie Road	Tallahassee, FL 32304
MGRM	Flint River Yards, Inc.	P.O. Box 477	Cairo, GA 31728
MGRM	American Investment Group, Inc.	P.O. Box 552	Bristol, FL 32321

REINSTATEMENT 2003

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

[Signature]

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)