

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 14 AM 11:05

DOCUMENT # L99000006993

1. Limited Liability Company's Name

JHS Property Development, L.L.C.

2. Principal Office Address

2532 CLARKINET DR

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

FL

Zip

32837

Country

USA

Zip

Country

4. State/Country of Formation

FL USA

5. Date Organized or Qualified
To Do Business in Florida

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

LORAINE G. MARCOON

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

2532 CLARKINET DR

Suite, Apt. #, Etc.

City

Orlando

State
FL

Zip Code

32837

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

Lorraine G. Maroon

REGISTERED AGENT MUST SIGN

Date

11/8/00

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

MEM Wentholiff Stocumb 4418 Fairway Dr. Orlando, FL 32837

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-11728700--01097--018

***155.00 ***155.00

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

X Heath Stocumb

Date

11/8/00

Daytime Phone #

407-240-5052

Typed or printed name of signing Managing Member/Manager

Heath Stocumb

CR2E041 (9/00)