

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M02000000177**

1. Limited Liability Company's Name

JENKINS PLUMBING COMPANY, LC

FILED
04 DEC 13 PM 3:13

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

400043365214
12/13/04--01059--002 **200.00

12/13

2. Principal Office Address

200 EAST 4TH STREET

3. Mailing Office Address

P.O. BOX 390

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SPRINGFIELD GA

City & State

SPRINGFIELD GA

Zip

31329

Country

EFFINGHAM

Zip

31329

Country

EFFINGHAM

4. State/Country of Formation

GEORGIA, U.S.

5. Date Organized or Qualified
To Do Business in Florida

1-17-2002 in FL

6. FEI Number

582531468

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

Michael L. Jenkins

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

8360 East Highway 25

Suite, Apt. #, Etc.

City

Belview

State

FL

Zip Code

34420

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]
REGISTERED AGENT MUST SIGN

Date **12-8-04**

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	MICHAEL L. JENKINS	227 PINE DRIVE	RINCON, GA 31326
MGRM	DENNIS M. JENKINS	417 CREEKWOOD FARMS	BLOOMINGDALE, GA 31302

REINSTATEMENT

**2003 -
2004**

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 **12-8-04**

Daytime Phone# **912-826-7100**

Typed or printed name of signing Managing Member/Manager **Michael L. Jenkins**

CR20041 (10/02)