

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 OCT - 8 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
000112029750
11/06/07--01013--022 **250.00

DOCUMENT # M04000002881

1. Limited Liability Company's Name

JBC REAL ESTATE HOLDINGS, L.L.C.
doing business in Florida as
JBC FLORIDA REAL ESTATE HOLDINGS, L.L.C.

2. Principal Office Address - No P.O. Box #
6205 PEACHTREE DUNWOODY ROAD

3. Mailing Office Address
6205 PEACHTREE DUNWOODY ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ATLANTA, GA

City & State
ATLANTA, GA

Zip
30328

Country
USA

Zip
30328

Country

4. State/Country of Formation
STATE OF DELAWARE

5. Date Organized or Qualified
To Do Business in Florida **AUGUST 18, 1998**

6. FEI Number
58-2426279

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
CHARLES R. STEPTER, JR.

Street Address (P.O. Box Number is Not Acceptable)
1947 LEE ROAD

Suite, Apt. #, Etc.

City
WINTER PARK

State
FL

Zip Code
32789

☐ 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

Date **10/5/2007**

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
MGR	JAMES C. KENNEDY	6205 PEACHTREE DUNWOODY RD.	ATLANTA, GA 30328

REINSTATEMENT

2005-2007

000112029750

11/06/07--01013--022 **250.00

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 608.408, 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

Date **10-4-07**

Daytime Phone # **770-901-8903**

Typed or printed name of signing Managing Member/Manager

JAMES C. KENNEDY