# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 MAR 23 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M05000006437

1. Entity Name
JEROME PROPERTIES 158, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 64 HIGH STREET<br>NEW HARTFORD, CT 06057 | 64 HIGH STREET<br>NEW HARTFORD, CT 06057 |

02202007 REIN-LLC CR2E101 (1/07)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 27 Main Street, Suite A | 4041 Pine Run Circle |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Mystic, Connecticut | City & State: St. Augustine, Florida |
| Zip: 06355 Country: USA | Zip: 32086 Country: USA |

4. FEI Number: 84-1655968 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| CORPORATION SERVICE COMPANY<br>1201 HAYS STREET<br>TALLAHASSEE, FL 32301-2525 | Name: Kim Smith<br>Street Address (P.O. Box Number is Not Acceptable): 4041 Pine Run Circle<br>City: St. Augustine FL Zip Code: 32086 |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] Kim Smith DATE: 3/8/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $200.00**

Make check payable to: Florida Department of State

| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>NAVARRO, BRIAN<br>64 HIGH STREET<br>NEW HARTFORD, CT 06057 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>Navarro, Brian<br>27 Main Street, Suite A<br>Mystic, Connecticut 06355 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 600095258575<br>03/29/07--01057--017 **205.00 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | REINSTATEMENT 06-07 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** [signature] Brian Navarro 3/08/07 (904) 540-1076
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #