M16000003177

Florida Department of State
Division of Corporations
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RE-SUBMIT

Please retain original filing date of submission 1/14/2011

1/14

To:

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From:

Account Name : C T CORPORATION SYSTEM
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Phone : (850)222-1092
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LIMITED LIABILITY REINSTATEMENT
J.B.J.C. PROPERTIES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$655.00

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T. HAMPTON
JAN 24 2011
EXAMINER

January 21, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

J.B.J.C. PROPERTIES, LLC
410 WINN PARK COURT
ROSWELL, GA 30075

SUBJECT: J.B.J.C. PROPERTIES, LLC
REF: M06000003177

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed on the report form.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II

FAX Aud. #: H11000012611
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (05/10)

DOCUMENT # M06000003177

1. Limited Liability Company's Name
JBJC properties, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
601 Sweet Apple Circle	601 Sweet Apple Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Alpharetta, GA	City & State: Alpharetta, GA
Zip: 30004 Country: Fulton	Zip: 30004 Country: Fulton

4. State/Country of Formation: Georgia

5. Date Organized or Qualified To Do Business in Florida: 09/04/2007

6. FEI Number: 743120891 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 additional fee is required for a Certificate of Status.

8. Name and Address of Current Registered Agent

Name: CT Corporation

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Dr

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Chris McNeair Assistant Secretary
REGISTERED AGENT MUST SIGN

Date: 1/14/2011

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	Brian B Campbell	601 Sweet Apple Circle	Alpharetta, GA 30004
MGRM	James M Towe	5112 David Drive	Kenner, LA 70065
MGRM	Dennis Miller	5112 David Drive	Kenner, LA 70065

11. E-mail Address: (To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0108, 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: Brian B Campbell Date: 1/5/11 Daytime Phone #: 404-408-2296

Typed or printed name of signing Managing Member/Manager: Brian B Campbell

REINSTATEMENT 2008-2011