M97000000044

Florida Department of State

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From:
Account Name : BLANCHARD, MERRIAM, ADEL & KIRKLAND, P.A.
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LIMITED LIABILITY REINSTATEMENT

J,V,B & T ENTERPRISES, LLC

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M97000000044

1. Limited Liability Company's Name

J,V,B & T ENTERPRISES, LLC.

2. Principal Office Address	3. Mailing Office Address
13313 W. Highway 40	4271 W. Highway 40
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ocala, Florida	City & State: Ocala, Florida
Zip: 34482 Country: USA	Zip: 34482 Country: USA

4. State/Country of Formation: Arkansas

5. Date Organized or Qualified To Do Business in Florida: 02/03/1997

6. FEI Number: 71-0797439 ☐ 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: George DeBenedicty, Sr.

Street Address (P.O. Box Number is Not Acceptable): 4271 W. Highway 40

Suite, Apt. #, Etc.:

City: Ocala, State: FL Zip Code: 34482

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: George DeBenedicty Date: 2/25/02

REGISTERED AGENT MUST SIGN

CR2E011 (01/01)

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	K.K. Jayaraman	115 Bellaire Loop	Hot Springs, AR 71901
MGRM	Vilasini Devi Jayaraman	115 Bellaire Loop	Hot Springs, AR 71901

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: Jayaraman Date: 2-25-02 Daytime Phone # 352 812 3427

Typed or printed name of signing Managing Member/Manager: