PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 OCT 15 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000033612

CR2E041 (10/08)

1. Limited Liability Company's Name

John C. Wells, LLC

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
3625 Millcrest Drive		3625 Millcrest Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Jacksonville, FL		Jacksonville, FL	
Zip	Country	Zip	Country
32277	US	32277	US

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida 2004

6. FEI Number
27-0112579
☐ 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
John C. Wells

Street Address (P.O. Box Number is Not Acceptable)
3625 Millcrest Drive

Suite, Apt. #, Etc.

City: Jacksonville, FL | State: FL | Zip Code: 32277

☒ 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 John C. Wells
REGISTERED AGENT MUST SIGN

Date 10/5/08

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	John C. Wells	3625 Millcrest Drive	Jacksonville, FL 32277

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REINSTATEMENT 07-08

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 John C. Wells Date 10/5/08 Daytime Phone # (904)545-8131

Typed or printed name of signing Managing Member/Manager John C. Wells