

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 -9 AM 11:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800136747028  
10/08/08--01030--011 \*\*\$16.25

CR2E041 (10/08)

DOCUMENT # L05000097107

1. Limited Liability Company's Name

Just Toys Two, LLC

2. Principal Office Address - No P.O. Box #

7200 84th Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 99

Suite, Apt. #, etc.

City & State

Vero Beach, FL

City & State

Fellsmere, FL

Zip

32967

Country

USA

Zip

32948

Country

USA

4. State/Country of Formation  
Florida

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number  
26-2951324

☐ 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

Brian Davis

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

7200 84th Ave.

Suite, Apt. #, Etc.

City

Vero Beach,

State

FL

Zip Code

32967

☐ 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

*Brian Davis*  
BRIAN DAVIS

REGISTERED AGENT MUST SIGN

Date: 10/6/08

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
MGR	Brian Davis	7200 84th Ave.	Vero Beach, FL 32967

REINSTATEMENT 06-08

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

*Brian Davis*

Date: 10/6/08

Daytime Phone # 772 571 8200

Typed or printed name of signing Managing Member/Manager Brian Davis