

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
08 OCT 27 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **544477**

1. Limited Liability Company's Name

JAN DEVELOPMENT CORPORATION OF POLK COUNTY

300136867923
10/27/08--01045--011 **301.00
300136867923
10/13/08--01030--002 **149.00

CR2E041 (10/08)

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

903 AVE T NE

Suite, Apt. #, etc.

3. Mailing Office Address

903 AVE T NE

Suite, Apt. #, etc.

City & State

WINTER HAVEN, FL

City & State

WINTER HAVEN, FL

Zip

33881

Country

USA

Zip

33881

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

591779209

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

ALFREDA S. CUNNINGHAM

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

903 AVE T N. E

Suite, Apt. #, Etc.

City

WINTER HAVEN

State

FL

Zip Code

33881

☒ 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

Alfreda Cunningham
REGISTERED AGENT MUST SIGN

Oct 8, 2008
Date

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 PRESIDENT	ALFREDA CUNNINGHAM	903 AVE T N.E.	WINTER HAVEN, FL 33881

REINSTATEMENT

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

Alfreda Cunningham

Date

Oct 8, 2008

Daytime Phone #

863-293-3876

Typed or printed name of signing Managing Member/Manager