

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING 1

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC 23 AM 8:56

DOCUMENT # **A97000001096**

1. Limited Liability Company's Name

**JANIS N THIRD FAMILY LIMITED
PARTNERSHIP**

CR2E041 (8/05)

2. Principal Office Address

17933 SPENCER RD

Suite, Apt. #, etc.

City & State

ODESSA, FL

Zip

33556

Country

USA

3. Mailing Office Address

17933 SPENCER RD

Suite, Apt. #, etc.

City & State

ODESSA, FL

Zip

33556

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

1-1-98

6. FEI Number

NONE

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

JOSEPH TELESE

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

17933 SPENCER RD

Suite, Apt. #, Etc.

City

ODESSA

State
FL

Zip Code

33556

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

Joseph Teles
REGISTERED AGENT MUST SIGN

Date **12-20-05**

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 GP	JOSEPH TELESE	17933 SPENCER RD	ODESSA, FL 33556

REINSTATEMENT 1998-2005

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01/19/06--01010--003 **500.00

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

Joseph Teles

Date **12-20-05**

Daytime Phone # **813 8496096**

Typed or printed name of signing Managing Member/Manager

JOSEPH TELESE