

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAY 11 PM 12:12

DOCUMENT #

1. Limited Liability Company's Name

JEFFORDS STREET, L.L.C.

REINSTATEMENT 2004-10 884

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 1010 Jeffords Street		3. Mailing Office Address 1010 Jeffords Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Clearwater, Florida		City & State Clearwater, Florida	
Zip 33756	Country	Zip 33756	Country

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida August 16, 1989	
6. FEI Number 59-2962707	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name Alan S. Gassman	
Street Address (P.O. Box Number is Not Acceptable) 1245 Court Street	
Suite, Apt. #, Etc. Suite 102	
City Clearwater	State FL Zip Code 33756

☒ 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

REGISTERED AGENT MUST SIGN

Date 5/7/10

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	Louis M. Paolillo	202 Harbor View Lane	Largo, FL 33770
MEM	Linnea C. Paolillo	202 Harbor View Lane	Largo, FL 33770

11. E-mail Address: fina@gassmanpa.com

(To be used for future annual report notifications)

12. 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

Date

4/28/10

Daytime Phone #

(727) 586-1274

Typed or printed name of signing Managing Member/Manager

LOUIS M. PAOLILLO