

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1902

2002-2003
LIMITED LIABILITY
COMPANY
REINSTATEMENT
LBR

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN 11 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000002634

1. Limited Liability Company's Name

JEFFORDS STREET, L.L.C.

900020786259

06/11/03--01067--008 **100.00

2. Principal Office Address

1011 Jeffords Street

3. Mailing Office Address

1011 Jeffords Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clearwater, FL 33756

City & State

Clearwater, FL 33756

Zip

33756

Country

USA

Zip

33756

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

3/8/2000

6. FEI Number

N/A

Applied For

XX 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

ALAN S. GASSMAN, ESQ.

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

1245 COURT STREET SUITE 102

Suite, Apt. #, Etc.

CLEARWATER, FL 33756

City

State

FL

Zip Code

33756

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

[Signature]

REGISTERED AGENT MUST SIGN

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
Member	Linnea Paolillo	1011 Jeffords St.	Clearwater, FL 33756
Mgr	Louis Paolillo	1011 Jeffords St.	Clearwater, FL 33756

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

[Signature]

Date

6/6/03

Daytime Phone # (727) 446-9100

Typed or printed name of signing Managing Member/Manager

Linnea Paolillo

CRREC041 (10/02)

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03 JUN 11 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 2, 2003

Division of Corporations
Registration Section
P. O. Box 6327
Tallahassee, FL 32314

Dear Sir:

We did not receive the Uniform Business Report form for Jeffords Street, L.L.C. for the years 2002 and 2003 so we are not enclosing our check in the amount of \$100.00 for the reinstatement of this Limited Liability Company.

Very truly yours,



Louis Paolillo
Manager