

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 NOV -9 PM 12:17

SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

DOCUMENT # L00000004411

1. Limited Liability Company's Name

JACK O'HEART HILLS, LLC

2. Principal Office Address

17047 BEELINE HWY

Suite, Apt. #, etc.

JUPITER

City & State

JUPITER, FL

Zip

33478

Country

USA

3. Mailing Office Address

PO BOX 31715

Suite, Apt. #, etc.

City & State

PALM BEACH GARDENS

Zip

33420

Country

USA

REINSTATEMENT 2001

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified
To Do Business in Florida

4/17/2000

6. FEI Number

65-0999908

Applied For

Not Applicable

7.

CERTIFICATE OF STATUS DESIRED ☐

\$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

RICHARD T. SCHEFFER

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

17047 BEELINE HWY

Suite, Apt. #, Etc.

200004695682-5

-11/27/01--01079--009

****150.00 ****150.00

City

JUPITER

State

FL

Zip Code

33478

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 10/16/01

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 |
|--------|--------------------------------------|---|---|
| MEM | RICHARD T. SCHEFFER | 17047 BEELINE HWY PO BOX 31715 33478 | JUPITER FL 33478 PALM BEACH GARDENS FL 33420 |
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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 10/16/01

Daytime Phone # 561-775-6060

Typed or printed name of signing Managing Member/Manager

RICHARD T. SCHEFFER

CR2E041 (9/01)