

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

09 MAR 19 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000006414

1. Limited Liability Company's Name

JUBILEE, LLC

900144308309
02/24/09--01041--020 **1071.25

CR2E041 (10/08)

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

3130 BARINGER Hill DR.

Suite, Apt. #, etc.

3. Mailing Office Address

3130 BARINGER Hill DRIVE

Suite, Apt. #, etc.

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

6/2/2000

6. FEI Number

59-3662350

☐ 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

LAWTON CHILES III

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

3130 BARINGER Hill DRIVE

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32311

☐ 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

LmChiles

REGISTERED AGENT MUST SIGN

Date 2/19/09

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
MGRM	RHEA CHILES	531 75th Street	HOLMES BEACH, FL 34217
MGRM	LAWTON CHILES III	3130 BARINGER Hill DRIVE	TALLAHASSEE, FL 32311
MGRM	EDWARD CHILES	PO BOX 1428 113 TEAN	ANNA MARIA, FL 34216

REINSTATEMENT

2002-2009
Chiles

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

Rhea H Chiles

Date 2/13/09

Daytime Phone #

941-778-0700

Typed or printed name of signing Managing Member/Manager

Rhea Chiles