

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

REINSTATEMENT 2001

DOCUMENT #

1. Limited Liability Company's Name

J. BONDS INVESTMENTS, LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L-66101 OCT 22 PM 2:17

2. Principal Office Address

415 SAWYER ST

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

ST. GEORGE IS, FL. 32328

City & State

Zip

32328

Country

USA

Zip

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

1999 2000

6. FEI Number

270 46 9765

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$500 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Jeanne Bonds

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

415 SAWYER ST.

Suite, Apt. #, Etc.

City

ST GEORGE IS, FL.

State

FL

Zip Code

32328

300004653683-2

-10/25/01--01072--008

****150.00 ****150.00

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

Jeanne Bonds

REGISTERED AGENT MUST SIGN

Date 10/14/01

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

Pres.

Jeanne Bonds

415 Sawyer St

St George Is Fl 32328

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

Jeanne Bonds

Date

10/14/01

Daytime Phone #

850-927-2765

Typed or printed name of signing Managing Member/Manager