

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE

FILED

03 FEB 26 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000006610

Name and Mailing Address

0009490 01 FP 0.352 **PRSR H2 0 0615 32328-243615

J. BONDS INVESTMENTS, LLC

415 SAWYER STREET

ST. GEORGE ISLAND FL 32328-2436



2. New Mailing Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

06/05/2000

Principal Place of Business

415 SAWYER STREET
ST. GEORGE ISLAND FL 32328

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

27-0469765

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

BONDS, JEANNE M
415 SAWYER STREET
ST. GEORGE ISLAND FL 32328

9. Name and Address of New Registered Agent

Name

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

600010673746

01/23/03--01070--001 **150.00

City

FL

Zip Code

10. 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

1/15/03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)

Name of Managing
Members/Managers

Street Address of Each
Managing Member/Manager

City / State / Zip

P

BONDS, JEANNE

415 SAWYER STREET

ST. GEORGE ISLAND FL 32328

600010673746

02/26/03--01045--016 **50.00

REINSTATEMENT

02-03

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

Jeanne Bonds

Date

1/15/03

Daytime Phone #

850 670 1600

Typed or printed name of signing Managing Member/Manager

JEANNE BONDS

CR2E084 (8/02)