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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

L00000008745

FILED

02 DEC 11 AM 10:02
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L00000008745
Name and Mailing Address

0006061 01 FP 0.352 **PRSRT T9 0 0615 32244-250858
D & J LLC
6258 DICKENS DR.
JACKSONVILLE FL 32244-2508

NJM



12/11 2002

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 07/17/2000	
Principal Place of Business 6258 DICKENS DR. JACKSONVILLE FL 32244	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 59-3665217	Applied For <input checked="" type="checkbox"/> Not Applicable
8. Name and Address of Current Registered Agent LARMON, DANNY A 6258 DICKENS DR. JACKSONVILLE FL 32244		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name 8000094 72108 Street Address (P.O. Box Number is Not Acceptable) 12/11/02 01061 --001 \$ 155.00 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 Danny A. Larmon Date 9 Dec 02

REGISTERED AGENT MUST SIGN

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
CEO	LARMON, DANNY	8258 DICKENS DR.	JACKSONVILLE FL 32244
V	LARMON, DOROTHY	8258 DICKENS DR.	JACKSONVILLE FL 32244

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 Danny A. Larmon Date 9 Dec 02 Daytime Phone # 904-771-8014

DANNY A. LARMON

CR2E084 (8/02)