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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Glenda E. Hood**  
**Secretary of State**  
DIVISION OF CORPORATIONS

**FILED**

**04 AUG -4 AM 10:24**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

**1. DOCUMENT # L00000008745**

Name and Mailing Address

0001807 01 AT 0,292 \*\*AUTO T8 0 0615 32244-250858



**D & J LLC**  
**6258 DICKENS DR.**  
**JACKSONVILLE FL 32244-2508**

**MJH**



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CR2E034 (7/03)

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 Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent  LARMON, DANNY A 6258 DICKENS DR. JACKSONVILLE FL 32244		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number, if Not Applicable) 400039870924 08704704--01054--004 **205.00 City FL Zip Code	
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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 Larmon*

Date **30 July 04**

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	6258 DICKENS DR.	JACKSONVILLE FL 32244
V	LARMON, DOROTHY	6258 DICKENS DR.	JACKSONVILLE FL 32244

**REINSTATEMENT** 2003-2004

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 **30 July 04**

Daytime Phone # **904-771-8014**

Typed or printed name of signing Managing Member/Manager

**DANNY A LARMON**