

L00000008896

PLEASE REPLY TO THE FOLLOWING ADDRESS  
LIMITED LIABILITY COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 13 PM 1:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

Acorn Research & Development, LLC  
L00000008896

2. Principal Office Address

1506 Prudential DR

Suite, Apt. #, etc.

Suite 102

City & State

Jacksonville, FL

Zip

32207

Country

USA

3. Mailing Office Address

1506 Prudential DR

Suite, Apt. #, etc.

Suite 102

City & State

Jacksonville, FL

Zip

32207

Country

USA

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified  
To Do Business in Florida

7/26/2000

6. FEI Number

593689390

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

LARRY HOWARD

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

1506 Prudential DR

Suite, Apt. #, Etc.

Suite 102

City

Jacksonville

State

FL

Zip Code

32207

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

*[Signature]*

Date Nov 12, 03

REGISTERED AGENT MUST SIGN

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
MGR	JAMES J Catlett	1506 Prudential DR Suite 102	JACKSONVILLE, FL 32207

REINSTATEMENT 03

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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

*[Signature]*

Date 11/12/03

Daytime Phone # 904-396-9963

Typed or printed name of signing Managing Member/Manager

JAMES J Catlett