

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 2001
FILED

01 OCT 24 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000008907

1. Limited Liability Company's Name

Jakandi Properties LLC

2. Principal Office Address

390 Pinellas Bayway

Suite, Apt. #, etc.

Unit E

City & State

Tierra Verde FL

Zip

33715

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

FL

Zip

Country

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified
To Do Business in Florida

August 1, 2000

6. FEI Number

59-3665565

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

Kathy Hickson

600004661546--8

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

390 Pinellas Bayway Unit E

-10/31/01--01075--020

****150.00 ****150.00

Suite, Apt. #, Etc.

City

Tierra Verde, FL 33715

State

FL

Zip Code

33715

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

Kathy E. Hickson

REGISTERED AGENT MUST SIGN

Date 10-18-01

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
MEMBER	David Hickson	390 Pinellas Bayway	Tierra Verde, FL 33715
MEMBER	Kathy Hickson	390 Pinellas Bayway	Tierra Verde, FL 33715

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 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

Kathy E. Hickson 10-18-01

Date 10-18-01

Daytime Phone #

727-865-3884

Typed or printed name of signing Managing Member/Manager

Kathy E. Hickson / David W. Hickson

CR2E041 (9/01)