

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 NOV 25 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000162954790
11/19/09--01030--008 **277.50
CR2E041 (11/09)

DOCUMENT # L00000009894

1. Limited Liability Company's Name

JIM DAVIS DESIGN, LLC

2. Principal Office Address - No P.O. Box #

9514 PINE TERRACE CT

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

WINDERMERE, FL

City & State

FLORIDA

Zip

34786

Country

USA

Zip

Country

4. State/Country of Formation

FL - USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

52-2306215

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

JIM DAVIS

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

9514 Pine Terrace Ct.

Suite, Apt. #, Etc.

City

Windermere, FL, 34786

State

Zip Code

FL 34786

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

Date 11/17/09

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
MGRM	JIM DAVIS	9514 PINE TERRACE CT	WINDERMERE, FL 34786

REINSTATEMENT -08-09

11. E-mail Address: davisdesign@ca1.rr.com

(To be used for future annual report notifications)

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

Date

11/17/09

Daytime Phone #

407-697-1116

Typed or printed name of Signing Managing Member/Manager

CD