

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 APR 20 PM 1:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L00000010160**

**1. Limited Liability Company's Name**

JD/DC, LC

**2. Principal Office Address**

3723-3 Southside Blvd.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32216

Country

U.S.

**3. Mailing Office Address**

3723-3 Southside Blvd.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32216

Country

U.S.

**4. State/Country of Formation**

**5. Date Organized or Qualified  
To Do Business in Florida**

08/23/2000

**6. FEI Number** 59-3610172

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

Jamie Delp-Clay

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

3723-3 Southside Blvd.

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32216

**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

*Jamie Delp-Clay*  
REGISTERED AGENT MUST SIGN

Date

4-14-04

**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	Jamie Delp-Clay	3723-3 Southside Blvd.	Jacksonville, FL 32216

**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

*Jamie Delp-Clay*  
Jamie Delp-Clay

Date

4-14-04

Daytime Phone #

904-646-2655

Typed or printed name of signing Managing Member/Manager

Jamie Delp-Clay

CR2E041 (10/02)