

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED

01 OCT 18 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000014560

1. Limited Liability Company's Name

J.P. Special Enterprises LLC

2. Principal Office Address

3. Mailing Office Address

8223 Midnight Pass Rd

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SARASOTA FL

FL

Zip

Country

Zip

Country

34292

USA

REINSTATEMENT

4. State/Country of Formation

FLORIDA USA

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

NOV 2000

6. FEI Number 65-1059546

Applied For

~~L00000014560~~

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

Judy Pirkey

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

8223 MIDNIGHT PASS RD

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34292

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**

Judy Pirkey

REGISTERED AGENT MUST SIGN

Date 10/15/01

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

MGR Judith Pirkey

600004652586--5

-10/25/01--01025--013

****150.00 ****150.00

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**

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/01)