

# LO1000000480

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 OCT 31 PM 2:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **LO1000000480**

1. Limited Liability Company's Name

**JDL HOLDINGS, LLC**

2. Principal Office Address

**920 W 23 ST**

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

**HIACLEAH, FL**

Zip

**33010**

Country

City & State

Zip

Country

4. State/Country of Formation

**FLORIDA, USA**

5. Date Organized or Qualified  
To Do Business in Florida

**1/08/01**

6. FEI Number

**651078582**

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

**PHILIP D. GIBERSON**

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

**920 W 23 ST**

Suite, Apt. #, Etc.

City

**HIACLEAH**

State

**FL**

Zip Code

**33010**

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]*

REGISTERED AGENT MUST SIGN

Date **10/27/06**

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	PHILIP D. GIBERSON	920 W. 23rd Street	Hialeah, FL 33010

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

**10/27/06**

Daytime Phone #

**305  
885-4135**

Typed or printed name of signing Managing Member/Manager

**PHILIP D. GIBERSON**

**L01000000480**

October 27, 2006

**FILED**  
06 OCT 31 PM 2:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Florida Department of State  
Division of Corporations  
Registration Section  
P O Box 6327  
Tallahassee, FL 32314



To Whom It May Concern:

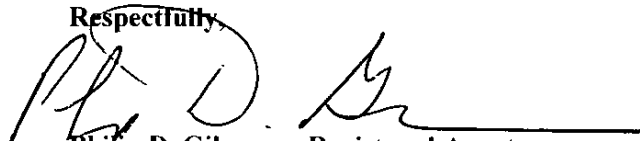
I am the Registered Agent for JDL Holdings, LLC (Document Number L01000000480). In attempting to conduct some business with the mortgage holder of property we own, I learned that our LLC had been administratively dissolved by the State of Florida for failure to file an Annual Report in 2005.

My mailing address has not changed since the partnership was formed, and I received no notification about filing the Annual Report in 2005, which is the reason for my failure to file. Furthermore, I subsequently received no notification about the administrative dissolution, which would have alerted me to the problem immediately.

Enclosed is a completed LLC Reinstatement Form, and a check for \$100.00, payable to Department of State, to cover two (2) years Annual Report fee (2005 and 2006). I respectfully request that reinstatement penalties be waived due to failure of notification noted above. I can be reached by phone at 3005.885.4135 if there are any questions.

Thank you for your consideration and assistance in resolving this matter.

Respectfully,



Philip D. Giberson, Registered Agent  
JDL Holdings, LLC