

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR -4 AM 10:47

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

L01000011684

1. Limited Liability Company's Name

JDG PROPERTIES OF POLK
COUNTY, LLC

2. Principal Office Address

1109 BRYN MAWR

Suite, Apt. #, etc.

City & State

LAKE WALES, FL

Zip

33853

Country

3. Mailing Office Address

P.O. Box 3912

Suite, Apt. #, etc.

City & State

LAKE WALES, FL

Zip

33853

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

7-16-2001

6. FEI Number

65-1137223

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

JAMES D. MORGAN

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

1109 BRYN MAWR

Suite, Apt. #, Etc.

City

LAKE WALES

State

FL

Zip Code

33853

REINSTATEMENT 02-05

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

Date

REGISTERED AGENT MUST SIGN

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 | JAMES D. MORGAN | 1109 BRYN MAWR | LAKE WALES, FL 33853 |
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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

24 March 05

Daytime Phone #

863-676-3411

Typed or printed name of signing Managing Member/Manager

JAMES D. MORGAN

CR20041 (10/02)