

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 16 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000016265

Name and Mailing Address

0006604 01 FP 0.352 **PRSR TO 0 0615 33803-542565

J & H INVESTMENTS OF POLK COUNTY, L.L.C.
3065 SHOAL CREEK VILLAGE DRIVE
LAKELAND FL 33803-5425

900008873739
11/07/02--01074--002 **150.00



CR2E084 (8/02)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

09/21/2001

Principal Place of Business

3065 SHOAL CREEK VILLAGE DRIVE
LAKELAND FL 33803

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

80-0046781

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

HOUGH, JAMES N
3065 SHOAL CREEK VILLAGE DRIVE
LAKELAND FL 33803

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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

James N. Hough

REGISTERED AGENT MUST SIGN

Date

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	HOUGH, JAMES N	3065 SHOAL CREEK VILLAGE DRIVE	LAKELAND FL 33803

REINSTATEMENT

dec

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

James N. Hough

Date

11/02/02

Daytime Phone #

8636872431