

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -5 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000018033

Name and Mailing Address

0005119 01 AT 0.292 **AUTO T1 0 0615 33050-009797

MARJACK, L.L.C.

P.O. BOX 500697

MARATHON FL 33050-0097



2. New Mailing Address
3515 Jonathan Harbour Dr

City, State Zip
Jupiter, FL 33477

Principal Place of Business
63 53RD STREET
MARATHON FL 33050

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida 10/17/2001

6. FEI Number
65-1082383

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

CONLIN, JOHN W
63 53RD STREET
MARATHON FL 33050

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/3/03

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
MGR	CONLIN, JOHN W	2557 SANBARRS BLVD 3515 Jonathan Harbour Dr	MARATHON FL 33050 Jupiter, FL 33477
D	CONLIN, MARJONIA Marjorie	2557 SANBARRS BLVD 3515 Jonathan Harbour Dr	MARATHON FL 33050 Jupiter, FL 33477

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11/05/03--01068--002 **150.00

REINSTATEMENT

03
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

SIGNATURE REQUIRED

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager