

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
Jimmith  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

03 APR -8 PM 2:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000000114

Name and Mailing Address

0006655 01 FP 0.352 \*\*PRSR TO 0 0615 33850-321975

J & L HOLDINGS LLC

775 SOUTH ILAKEE AVENUE  
LAKE ALFRED FL 33850-3219

400009805044  
01/03/03--01031--002 \*\*150.00



2. New Mailing Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

12/26/2001

Principal Place of Business

775 SOUTH ILAKEE AVENUE  
LAKE ALFRED FL 33850

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

applied for

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

DYKXHOORN, JACOB C  
130 EAST CENTRAL AVENUE  
LAKE WALES FL 33853

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

*Jacob C. Dykxhoorn*

REGISTERED AGENT MUST SIGN

Date 12-31-02

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	HAZLETT, JOBEE	775 SOUTH ILAKEE AVENUE	LAKE ALFRED FL 33850

REINSTATEMENT

2002-2003

JB

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

*Jobee Hazlett*

Date 29 Dec 02

Daytime Phone # 863 956 2715

Typed or printed name of signing Managing Member/Manager