


# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L02000000937			
1. Entity Name JAX CASUAL DINING, LLC			
Principal Place of Business 101 E UNION ST., STE 400 JACKSONVILLE, FL 32202		Mailing Address 2933 MYRTLE AVE., SUITE 201 JACKSONVILLE, FL 32208	
2. Principal Place of Business		Mailing Address 6999-02 Merrill Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 310	
City & State Jax, FL		City & State Jax, FL	
Zip 32277	Country U.S.	4. FEI Number 80-0033707	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

FILED

04 DEC 21 AM 8:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



12132004 REIN-LLC CR2E101 (6/04)

6. Name and Address of Current Registered Agent WILSON, JEAN E 450 SOUTH ORANGE AVE. SUITE 510 ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**After January 1, 2005, Fee will be \$100.00**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WILSON, JEAN 101 E UNION ST., STE 400 JACKSONVILLE, FL 32206 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12/21/04--01049--006 \*\*50.00

REINSTATEMENT

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Jean Wilson DATE: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_