

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

9-26-03  
300.00

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAY -1 AM 11:04

DOCUMENT # L02000009823

1. Limited Liability Company's Name

Jax House Buyer, LLC

CR2E041 (8/05)

2. Principal Office Address

2254 Riverside Ave

Suite, Apt. #, etc.

3. Mailing Office Address

1650-302 Margaret St.

Suite, Apt. #, etc.

# 326

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32204

Country

USA

Zip

32204

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

☒ 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

William Massey

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

2254 Riverside Ave

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32204

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

REGISTERED AGENT MUST SIGN

Date 3/03/2006

**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
mgm	William K McCarty	1650-302 Margaret St #326	Jacksonville, FL 32204
mgm	RHAM-Zee Peters	1650-302 MARGARET ST #326	JACKSONVILLE, FL 32204
			900075102349 05/23/06--01051--005 **305.00
			REINSTATEMENT 03-06

11. I certify that I am managing member/manager of 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

Daytime Phone # 904-838-5800

Typed or printed name of signing Managing Member/Manager