

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 DEC 18 AM 9:25

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L02000016517**

1. Limited Liability Company's Name

JAXOFFICES 300, LLC

2. Principal Office Address

12276-427 San Jose Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

12276-427 San Jose Blvd.

Suite, Apt. #, etc.

City & State

Jacksonville

City & State

Jacksonville

Zip

32223

Country

USA

Zip

32223

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

07/01/2002

6. FEI Number

010734371

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

Giorgio Azzalin

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

12276-427 San Jose Blvd.

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32223

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

Date

REGISTERED AGENT MUST SIGN

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
MGRM	Giorgio Azzalin	12276-427 San Jose Blvd.	Jacksonville, FL 32223

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REINSTATEMENT 05-06

11. 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

Date

Daytime Phone# 904-880-1007

Typed or printed name of signing Managing Member/Manager

Giorgio Azzalin