

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS

L02000019516

FILED

03 NOV 21 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000019516

Name and Mailing Address

0001891 01 AT 0.292 **AUTO H9 1 0615 32256-712610



J&N INVESTMENTS, LLC
10110 GOLF CLUB ROAD
JACKSONVILLE FL 32256-7126



BK

CR2E034 (7/03)

2. New Mailing Address

City, State, Zip

Principal Place of Business

10110 GOLF CLUB ROAD
JACKSONVILLE FL 32256

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

08/01/2002

6. FEI Number

11-3657165

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

STUTSMAN & THAMES, P.A.
121 FORSYTH STREET, SUITE 600
JACKSONVILLE FL 32202

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

Nancy E Meade

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/15/03

11. Names and Street Addresses of Each Managing Member/Manager

06/13/03 90006 003 \$50.00

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	MEADE, JOHN F	10110 GOLF CLUB ROAD	JACKSONVILLE FL 32256
mbr	Meade, Nancy E	10110 Golf Club Rd	Jacksonville, FL

REINSTATEMENT 2003

BK

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

Nancy E Meade

Date 11/15/03

Daytime Phone # 904 642-0627

Typed or printed name of signing Managing Member/Manager

Nancy E Meade

202
L02000019516

November 15, 2003

Florida Department of State
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

FILED
03 NOV 21 AM 8:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RE: Certificate of Administrative Dissolution or Revocation
L02000019516
J&N INVESTMENTS LLC

To Whom It May Concern:

I am returning the above referenced document with the FEI Number completed, as per my conversation with Marsha at your phone #850-245-6051. I returned the requested information to you previously, however, it appears that you did not receive it, just as I never received your June 30, 2003 notice of intent to dissolve/revoke our LLC for failure to file our 2003 uniform business report.

As you have deposited my check #1032 for \$50.00, which cleared my bank account on 06/17/03, I am not enclosing a check at this time.

Sincerely,

Nancy E. Meade

Nancy E. Meade
J&N Investments, LLC
Encl.