

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 17 PM 1:57

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L02000021662

1. Limited Liability Company's Name

J.P. PETERSON, LLC

2. Principal Office Address
P.O. Box 18083. Mailing Office Address
P.O. Box 1808

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34230-6766

Country

USA

Zip

34230-6766

Country

USA

4. State/Country of Formation
Florida5. Date Organized or Qualified
To Do Business in Florida 08/22/02

6. FEI Number

14-1843565

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

John R. Dunham, III

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

2 North Tamiami Trail, Suite 500

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34236

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

3-10-04

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	John A. Lieurance	2222 S. Tamiami Trail	Sarasota, FL 34239

REINSTATEMENT

2003-2004

600030584546

03/16/04 01106 022

\$205.00

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

3/16/04

Daytime Phone #

(941) 330-8553

Typed or printed name of signing Managing Member/Manager

John A. Lieurance

CR2001 (10/02)