

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2005 JUN -6 P 3:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L02000026974

1. Limited Liability Company's Name

Jay-Hi Limited Liability Company

2. Principal Office Address

P.O. Box 611663

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

Zip

33061

Country

USA

3. Mailing Office Address

P.O. Box 611663

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

Zip

33061

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

10-10-2002

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

Allison Edwards

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

111 N. Orange Ave, Suite 700

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32801

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

Allison Edwards

Date 4-2-05

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	Mark Vogelsang	P.O. Box 611663	Pompano Beach, FL 33061
MGRM	Don DeV Vaughn	P.O. Box 16686	Plantation, FL 33318

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

Don DeV Vaughn

Date

4/8/05

Daytime Phone #

954-914-8424

Typed or printed name of signing Managing Member/Manager

Don DeV Vaughn

CR2E041 (10/02)