

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



DIVISION OF CORPORATIONS

03 NOV 13 PM 1:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600024573436  
11/10/03--01100--021 \*\*150.00

DOCUMENT # L02000028844

1. Limited Liability Company's Name

JVL Enterprises LTD, CO.

2. Principal Office Address

913 W. Columbus Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 4614

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33602

Country

USA

City & State

Tampa FL

Zip

33607

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

Dec. 2002

6. FEI Number

74-3066723

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

JOE V. LUBRAND

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

913 W. Columbus Dr.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33602

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

11/05/03

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
MEM	JOE V. LUBRAND JR.	301 W. South	Tampa FL 33603

REINSTATEMENT

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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

*[Signature]*

Date

11/05/03

Daytime Phone

(813) 690-9855

Typed or printed name of signing Managing Member/Manager

JOE V. LUBRAND