

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 31 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. **DOCUMENT #** L02000032343

Name and Mailing Address

0009066 01 AT 0.292 **AUTO H3 0 0615 33351-806590



JRD ENTERPRISES, LLC
5290 HIATUS ROAD
SUNRISE FL 33351-8065



CR2E084 (7/03)

2. **New Mailing Address**

City, State, Zip

Principal Place of Business
5290 HIATUS ROAD
SUNRISE FL 33351

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**

12/03/2002

6. **FBI Number**

81-0583607

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**

DAVIS, JAMES R
5290 HIATUS ROAD
SUNRISE FL 33351

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

James R. Davis
REGISTERED AGENT MUST SIGN

Date 10/28/03

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

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	JAMES R. DAVIS, REV. LIVING TRUST 9/27/	5290 HIATUS ROAD	SUNRISE FL 33351

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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

James R. Davis
SIGNATURE REQUIRED

Date 10/28/03

Daytime Phone # 954-572-2821

Typed or printed name of signing Managing Member/Manager