

# L02000032841

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
03 DEC 15 PM 5:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Limited Liability Company's Name

Jiruka Development LLC

2. Principal Office Address

66 North Atlantic Ave.

Suite, Apt. #, etc.

205

City & State

Cocoa Beach, Florida

Zip

32931

Country

USA

3. Mailing Office Address

66 North Atlantic Ave.

Suite, Apt. #, etc.

205

City & State

Cocoa Beach, Florida

Zip

32931

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

02 - 066 - 8781

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

Jiruka, Ray

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

3610 Ocean Beach Blvd.

Suite, Apt. #, Etc.

City

Cocoa Beach

State

FL

Zip Code

32931

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]*

Date

12/12/03

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
VP	YANE F. ZANA <i>Manager</i> <i>Member</i>	715 Holly Rd.	Vero Beach, FL. 32963
VP	Robert Scales <i>Manager</i> <i>Member</i>	66 North Atlantic Ave. Suite 205	Cocoa Beach, FL. 32931

REINSTATEMENT

2003

BSK

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 12/12/03

Daytime Phone # (772) 532 3418

Typed or printed name of signing Managing Member/Manager

YANE F. ZANA

CR2E041 (10/02)