

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

OCT 17 AM 9:08

DOCUMENT # L03000002821

1. Limited Liability Company's Name

J.K.J., L.L.C.

2. Principal Office Address

23461 Harper Ave.

Suite, Apt. #, etc.

City & State

Port Charlotte, FL

Zip

33980

Country

USA

3. Mailing Office Address

10791 Orange River Blvd.

Suite, Apt. #, etc.

City & State

Fort Myers, FL

Zip

33905

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

01/24/2003

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

Kevin Campbell

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

10791 Orange River Blvd.

Suite, Apt. #, Etc.

City

Fort Myers

State

FL

Zip Code

33905

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

Kevin Campbell

REGISTERED AGENT MUST SIGN

Date

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	Kevin L Campbell	10791 Orange River Blvd	Fort Myers, FL 33905
MGRM	JULIA PRESSELLER	23461 HARPER AVE	PORT CHARLOTTE FL
			33980
			200080929992
			10/17/06--01052--009 **255.00
			REINSTATEMENT 04-06

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

Kevin L Campbell

Date 10/08/06

Daytime Phone# 239.694.6904

Typed or printed name of signing Managing Member/Manager Kevin L. Campbell