

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L03000015812

1. Limited Liability Company's Name

**Jasper International, LLC**

2. Principal Office Address - No P.O. Box #

17075 Gulf Pine Circle

Suite, Apt. #, etc.

City & State

Wellington, FL

Zip

33414

Country

USA

3. Mailing Office Address

PO Box 1193

Suite, Apt. #, etc.

City & State

Loxahatchee, FL

Zip

33470

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 2003

6. FEI Number

912199557

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

CR2E041 (1/11)

**FILED**

11 JUL 29 PM 12:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

8. Name and Address of Current Registered Agent

Name

Matthew J. Lapointe, Esq.

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

Sheehan Phinney Bass + Green PA, 2451 McMullen Booth Road

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33759

E-mail Address:

100210539401  
07/29/11--01043--003 \*\*377.50

(To be used for future annual report notices)

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

*Matthew J. Lapointe*

Date

7/27/11

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
Managing Member	Doreen L. Benson	17075 Gulf Pine Circle	Wellington, FL 33414

REINSTATEMENT 10-11 DB

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing  
Member/Manager

*Doreen Benson*

Date

7/28/11

Daytime Phone #

561-909-8110

Typed or printed name of signing Managing Member/Manager: Doreen Benson