


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

**08 MAR 27 PM 3:42**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

CR2E041 (12/07)

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>	 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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**DOCUMENT # L03000027817**

**1. Limited Liability Company's Name**

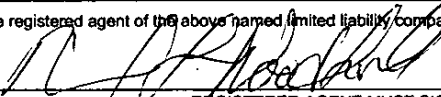
**JETLAG, LC**

<b>2. Principal Office Address - No P.O. Box #</b> 1105 Alton Road Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> c/o Dorothy L. Korszen Suite, Apt. #, etc. 99 Nesbit Street	
<b>City &amp; State</b> Port Charlotte, Florida		<b>City &amp; State</b> Punta Gorda, Florida	
<b>Zip</b> 33952	<b>Country</b>	<b>Zip</b> 33950	<b>Country</b>

<b>4. State/Country of Formation</b> US	
<b>5. Date Organized or Qualified</b> -- To Do Business in Florida 07/29/2003	
<b>6. FEI Number</b> 070368079	<input type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

<b>8. Name and Address of Current Registered Agent</b>			
<b>Name</b> Dorothy L. Korszen			
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 99 Nesbit Street			
<b>Suite, Apt. #, Etc.</b>			
<b>City</b> Punta Gorda		<b>State</b> FL	<b>Zip Code</b> 33950

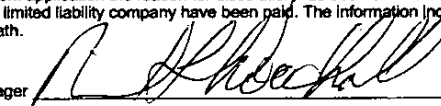
☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

<b>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.</b>	
<b>Signature of Registered Agent</b> 	<b>Date</b> 3/14/08
<b>REGISTERED AGENT MUST SIGN</b>	

<b>10. Names and Street Addresses of Managing Members/Managers</b>			
<b>Titles</b>	<b>Name of Managing Members/Managers</b>	<b>Street Address of Each Managing Member/Manager</b>	<b>City / State / Zip</b>
MGR-	Woodhull, Richard L.	1105 Alton Road	Port Charlotte, FL 33952

000121198060  
03/25/08--01018--022 \*\*\$16.25

**REINSTATEMENT**  
06, 08

<b>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.</b>		
<b>Signature of Managing Member/Manager</b> 	<b>Date</b> 3/14/08	<b>Daytime Phone #</b> 941-276-4948
<b>Typed or printed name of signing Managing Member/Manager</b> Richard L. Woodhull, Manager		