

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2004 NOV 16 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000051552

1. Limited Liability Company's Name

JFADFA-REL-CON, LLC

2. Principal Office Address

5905 S. Elkins Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

5905 S. Elkins Ave.

Suite, Apt. #, etc.

City & State

Tampa, FL 33611

City & State

Tampa, FL 33611

Zip

33611

Country

USA

Zip

33611

Country

USA

4. State/Country of Formation

Florida, USA

**5. Date Organized or Qualified
To Do Business in Florida**

12/01/03

6. FEI Number

41-2134347

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

Kristopher E. Fernandez, Esquire

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

114 S. Fremont Avenue

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33606

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

11/4/04

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
MGR	Douglas F. Arthur	5905 S. Elkins Avenue	Tampa, FL 33611

REINSTATEMENT 04

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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

11/7/04

Daytime Phone#

(813) 578-4447

Typed or printed name of signing Managing Member/Manager

Douglas F. Arthur

CR2E041 (10/02)