

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

L04000011364

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L04000011364**

1. Limited Liability Company's Name

EDDIE JAMES, LLC

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

880 BAYVISTA BLVD. SO.

Suite, Apt. #, etc.

House

City & State

ST Petersburg FL

Zip

33705

Country

USA

3. Mailing Office Address

880 BAYVISTA BLVD. SO.

Suite, Apt. #, etc.

House

City & State

ST Petersburg FL

Zip

33705

Country

USA

8. Name and Address of Current Registered Agent

Name

Eddie James

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

880 BAYVISTA BLVD. SO.

Suite, Apt. #, Etc.

House

City

ST Petersburg

State

FL

Zip Code

33705

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

Eddie James

REGISTERED AGENT MUST SIGN

Date **2-8-08**

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	Eddie James	880 BAYVISTA BLVD. SO.	ST Petersburg FL 33705

REINSTATEMENT 2006-2008

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

Eddie James

Date **2-8-08**

Daytime Phone #

**Cell (727) 424-6177
727-864-4740**

Typed or printed name of signing Managing Member/Manager

Eddie James

FILED
08 FEB 20 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
600118460726

CR2E041 (1/07)

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

2-12-2004

6. FEI Number

35-2225498

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

☒ 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.



CORPORATION SERVICE COMPANY

L04000011364

ACCOUNT NO. : 072100000032

REFERENCE : 448157 7419804

AUTHORIZATION :

COST LIMIT : \$ 416.25

FILED
08 FEB 20 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : February 15, 2008

ORDER TIME : 3:17 PM

ORDER NO. : 448157-005

CUSTOMER NO: 7419804

BK

RECEIVED
08 FEB 20 PM 4:06
DEPARTMENT OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: EDDIE JAMES, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman - Ext# 2908

EXAMINER'S INITIALS _____