

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 AUG 30 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **LB4000024825**

1. Limited Liability Company's Name

JHJR Investments

B

200182577152
06/24/10--01032--002 **238.75

CR2E041 (05/10)

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

9504 Bell Mtn Dr

Suite, Apt. #, etc.

3. Mailing Office Address

9504 Bell Mtn Dr

Suite, Apt. #, etc.

City & State

Austin TX 78730

City & State

Austin, TX

Zip

78730

Country

Travis

Zip

78730

Country

Travis

4. State/Country of Formation

FL/Hillsborough

5. Date Organized or Qualified
To Do Business in Florida

4/1/04

6. FEI Number

20-0946827

☐ 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

Bruce Demers

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

19005 N. Dale Mabry Ave

Suite, Apt. #, Etc.

City

Lutz

State

FL

Zip Code

33548

200182577152
08/31/10--01007--010 **555.00

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

Bruce C Demers

REGISTERED AGENT MUST SIGN

Date **6-10-10**

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 M	Jacqueline Wilson	9504 Bell Mtn Dr	Austin, TX 78730
MGR M	Jesse Wilson	9504 Bell Mtn Dr	Austin, TX 78730

REINSTATEMENT 06-10

DB

11. E-mail Address:

(To be used for future annual report notifications)

12. 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

Jacqueline H Wilson

Date **6-10-10**

Daytime Phone # **512-338-1867**

Typed or printed name of signing Managing Member/Manager

Jacqueline H. Wilson