

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 SEP 12 PM 1:31

DOCUMENT # L04000043509

1. Limited Liability Company's Name

JH of Ft. Myers, LLC

CR2E041 (1/07)

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

5661 Independence Cir

Suite, Apt. #, etc.

Suite #1

City & State

Fort Myers FL

Zip

33912

Country

3. Mailing Office Address

5661 Independence Cir

Suite, Apt. #, etc.

Suite #1

City & State

Fort Myers FL

Zip

33912

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

6/9/04

6. FEI Number

20-1233426

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

Richard Freund

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

5661 Independence Circle Ste #1

Suite, Apt. #, Etc.

City

Fort Myers

State

FL

Zip Code

33912

☐ 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.

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

REGISTERED AGENT MUST SIGN

Date

9/6/07

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	Richard Freund	5661 Independence Cir Ste #1	Fort Myers FL 33912

900109589189
09/18/07--01059--009 **250.00

REINSTATEMENT
2005-2007

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

Date

9/6/07

Daytime Phone #

239-770-8302

Typed or printed name of signing Managing Member/Manager