

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000044191

1. Limited Liability Company's Name

JEFFERSON FLORIDA LLC

07 ✓

FILED

09 OCT 20 AM 10:00

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

300161950073
10/20/09--01032--010 **516.25

CR2E041 (10/08)

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

301 CLEMATIS ST

Suite, Apt. #, etc.

3000

City & State

WEST PALM BEACH, FL

Zip

33401

Country

US

3. Mailing Office Address

301 CLEMATIS ST

Suite, Apt. #, etc.

3000

City & State

WEST PALM BEACH, FL

Zip

33401

Country

US

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida 06/11/2004

6. FEI Number

27-1118875

☐ 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

PATRICK WHITE

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

301 CLEMATIS ST

Suite, Apt. #, Etc.

3000

City

WEST PALM BEACH

State

FL

Zip Code

33401

☐ 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

Patrick White

Date

10/15/09

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	PATRICK WHITE	301 CLEMATIS ST #3000	WEST PALM BEACH, FL 33401
MGR	THOMAS DESENA	301 CLEMATIS ST #3000	WEST PALM BEACH, FL 33401

REINSTATEMENT 2007, 08, & 2009

10/22/09
UP

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

Patrick White

Date 10/15/09

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Patrick White