

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

50.10

LIMITED LIABILITY
COMPANY



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN -1 AM 8:52

DOCUMENT # L0400063190

1. Limited Liability Company's Name

JA Fox LLC

L04000063190

500055593025
06/01/05--01080--004 **155.00

\$100.00 Refund
6-27-05

2. Principal Office Address

1 Avenue A

Suite, Apt. #, etc.

City & State

Fort Pierce

Zip

34950

Country

St Lucie

3. Mailing Office Address

1 Avenue A

Suite, Apt. #, etc.

City & State

Pierce

Zip

34950

Country

St. Lucie

4. State/Country of Formation

Florida/St Lucie

5. Date Organized or Qualified
To Do Business in Florida

August 25, 2004

6. FEI Number

☒ 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

June-Ann Fox

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

914 Boston Avenue

Suite, Apt. #, Etc.

City

Fort Pierce

State

FL

Zip Code

34950

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

Date

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
Mgmn	June-Ann Fox	914 Boston Avenue	Fort Pierce, FL 34950

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

June Ann Fox

Date

5-23-05

Daytime Phone #

772-519-6602

Typed or printed name of signing Managing Member/Manager

June-Ann Fox