

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 AUG 13 PM 3:32

DOCUMENT # LC040000 73515

1. Limited Liability Company's Name

PONS & SONS, LLC

600108710556
08/28/07--01039--008 **250.00

CR2E041 (1/07)

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

14344 Silvertip Ct

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

Zip

32258

Country

USA

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

41-2155386

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 CAMP, CPA

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

6017 Southpoint Parkway

Suite, Apt. #, Etc.

#2201

City

JACKSONVILLE

State

FL

Zip Code

32216

☐ 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

Richard Camp

Date

7/31/07

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
<u>MS</u> <u>MBR</u>	<u>PATRICIA E. PONS</u>	<u>14344 SILVERTIP</u> <u>COURT</u>	<u>JACKSONVILLE, FL</u> <u>32258</u>
<u>MS</u> <u>MBR</u>	<u>WILLIAM J. PONS</u>	<u>14344 SILVERTIP</u> <u>COURT</u>	<u>JACKSONVILLE, FL</u> <u>32258</u>

REINSTATEMENT 05-07

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

William J. Pons

Date

8/1/07

Daytime Phone #

Typed or printed name of signing Managing Member/Manager