


#51626

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

08 SEP -5 PM 12:23

 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 100133418301
 09/05/08--01032--011 **516.24

CR2E041 (12/07)

DOCUMENT # L04000073667

1. Limited Liability Company's Name

James Family Partnership, LLC

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

4117 Indian Trail

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 5506

Suite, Apt. #, etc.

City & State

Destin FL

City & State

Destin FL

Zip

32541

Country

USA

Zip

32540

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

10-11-04

6. FEI Number

61-1477139

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

Brian K. James

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

4117 Indian Trail

Suite, Apt. #, Etc.

City

Destin

State

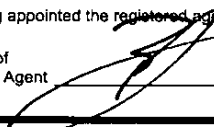
FL

Zip Code

32541

☐ 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

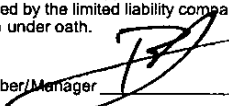
Date

9-4-08

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
MEM	James, Brian K.	PO Box 5506	Destin FL 32540
MGR	Nancy D. James Marital Trust	Co Road 558 Box 271	Hanceville AL 35077
MGR	James, Bonnie K	Co Road 558 Box 271	Hanceville AL 35077
REINSTATEMENT 06-08			
D. BRUCE			
SEP 08 2008			

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided 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 in 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

9-4-08

Daytime Phone #

850-259-1075

Typed or printed name of signing Managing Member/Manager

Brian K. James