

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000090066

1. Limited Liability Company's Name

JDC HOLDINGS, LLC

2. Principal Office Address - No P.O. Box #
401 SOUTH PALM AVENUE

Suite, Apt. #, etc.

City & State
SARASOTA, FL

Zip Country
34236

3. Mailing Office Address
401 SOUTH PALM AVENUE

Suite, Apt. #, etc.

City & State
SARASOTA, FL

Zip Country
34236

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified
To Do Business in Florida 12/13/2004

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
JOHN E. KIDD

Street Address (P.O. Box Number is Not Acceptable)
401 SOUTH PALM AVENUE

Suite, Apt. #, Etc.

City State Zip Code
SARASOTA FL 34236

☐ 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 _____ 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
MGR	JOHN E. KIDD	401 SOUTH PALM AVENUE	SARASOTA, FL 34236
MGR	Elaine Kidd	401 South Palm Ave	Sarasota Fla. 34236

11. E-mail Address: johnkiddadr@aol.com

(To be used for future annual report notifications)

12. 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 John E. Kidd Date 2/9/10 Daytime Phone # 941-955-5433

Typed or printed name of signing Managing Member/Manager JOHN E. KIDD

FILED

2010 FEB 12 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 08-16