

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 FEB 17 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

Jaguar Power sports, LLC

L05000004931

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 13707 little harbor ct		3. Mailing Office Address 7065 nw 22nd street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State jacksonville		City & State gainesville	
Zip 32225	Country usa	Zip 32653	Country usa

4. State/Country of Formation florida usa	
5. Date Organized or Qualified To Do Business in Florida 01/18/2005	
6. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Shaun Jackrel			
Street Address (P.O. Box Number is Not Acceptable) 7065 nw 22nd street			
Suite, Apt. #, Etc. a			
City gainesville	State FL	Zip Code 32653	

☒ 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 2/13/2009

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	Shaun Jackrel	7065 nw 22nd steet suite a	gainesville florida 32653

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REINSTATEMENT

07-09

2/18/09
JLH

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

Date

2/18/09

Daytime Phone #

904 838 8412

Typed or printed name of signing Managing Member/Manager

Shaun Jackrel