

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2009 MAY 26 PM 1:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

LA 5000008744

1. Limited Liability Company's Name

JALD COMPANY, LLC

CR2E041 (10/08)

<b>2. Principal Office Address - No P.O. Box #</b> 1080 East 12th Street		<b>3. Mailing Office Address</b> 1080 1080 East 12th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Dubuque, IA		City & State Dubuque, IA	
Zip 52001	Country Dubuque	Zip 52001	Country Dubuque

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida 04/10/06

6. FEI Number  
20-2158611

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 Walz

Street Address (P.O. Box Number is Not Acceptable)  
12761 Kelly Sands Way

Suite, Apt. #, Etc.

City  
FT MYERS

State  
FL

Zip Code  
33908

☒ 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

X *John Walz*

REGISTERED AGENT MUST SIGN

Date 5/10/09

**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
Partner	Allan J Becker	555 Heller Road	East Dubuque, IL 61025
Partner	David A. Pape	512 Woodland Court	East Dubuque, IL 61025
Partner	John Walz	12761 Kelly Sands Way	Ft. Myers, FL 33908
Mgr.	Loras Pape	23 Roosevelt Drive	East Dubuque, IL 61025

**REINSTATEMENT-07-08-09**

900156177659  
05/18/09--01035--024 \*\*\$16.25

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

*Loras Pape*

Date 5/7/09

Daytime Phone # 563-588-1435 ext 26

Typed or printed name of signing Managing Member/Manager Loras Pape