

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2010 JUN -2 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000016541

1. Limited Liability Company's Name

JTL Escribano, LLC

800177293798
04/23/10--01009--030 **100.00

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #
8214 Westchester3. Mailing Office Address
8214 Westchester

Suite, Apt. #, etc.

Suite 635

Suite, Apt. #, etc.

Suite 1120

City & State

Dallas, TX

City & State

Dallas, TX

Zip

75225

Country

USA

Zip

75225

Country

USA

4. State/Country of Formation
FL5. Date Organized or Qualified
To Do Business in Florida

02/18/2005

6. FEI Number

20-2350124

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

Capitol Corporate Services, Inc.

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

1333 North Duval Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32303

☐ 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 fee waived.800177293798
06/03/10--01003--007 **277.50

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

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	David A. Lane	8214 Westchester, Suite 635	Dallas, TX 75225

REINSTATEMENT

09-10
6-3-10

11. E-mail Address:

(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

David A. Lane

Date

4/14/10

Daytime Phone #

214-692-5085

Typed or printed name of signing Managing Member/Manager

David A. Lane