

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 APR 10 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LOS000034989

1. Limited Liability Company's Name

B AND J OF PORT ORANGE, LLC

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

932 HERBERT ST

Suite, Apt. #, etc.

City & State

PORT ORANGE, FL

Zip

32129

Country

USA

3. Mailing Office Address

932 HERBERT ST

Suite, Apt. #, etc.

City & State

PORT ORANGE, FL

Zip

32129

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

4/8/05

6. FEI Number

26-0116383

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

JULIE R LOWE

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

932 HERBERT ST

Suite, Apt. #, Etc.

City

PORT ORANGE

State

FL

Zip Code

32129

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date

3/11/08

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
MGRM	JULIE R LOWE	932 HERBERT ST	PORT ORANGE, FL 32129

REINSTATEMENT

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

[Signature]

Date

3/11/08

Daytime Phone #

386 761 6075

Typed or printed name of signing Managing Member/Manager

JULIE R LOWE