L05000041617

Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT
JAZ ENTERPRISES OF FLORIDA, LLC

Certificate of Status	0
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Page Count	02
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June 20, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

JAZ ENTERPRISES OF FLORIDA, LLC

, VA 23505US

SUBJECT: JAZ ENTERPRISES OF FLORIDA, LLC
REF: L05000041617

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed on the report form.

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The amendment needs an electronic filing cover sheet.

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Neysa Culligan
Regulatory Specialist II

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 JUN 20 AM 8:43

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000041617

1. Limited Liability Company's Name

JAZ ENTERPRISES OF FLORIDA, LLC

OR2E041 (1/11)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
350 CORPORATE WAY	1702 NORTH GATE ROAD
Suite, Apt. #, etc. SUITE 250	Suite, Apt. #, etc.
City & State ORANGE PARK, FL	City & State NORFOLK, VA
Zip 32073 County US	Zip 23505 County US

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 04/27/2005

6. FEI Number: 202773468 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee required (not available on Mondays)

8. Name and Address of Current Registered Agent

Name: KIRBY CHRITTON

Street Address (P.O. Box Number is Not Acceptable): 1301 RIVERPLACE BOULEVARD

Suite, Apt. #, Etc.: Suite 1500

City: Jacksonville State: FL Zip Code: 32207

E-mail Address: jrhoden@rtlaw.com
(To be used for future annual report notices)

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 6/16/2011
REGISTERED AGENT MUST SIGN

10. Name and Street Address of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
~~MR~~ MGRM	ZIMMERLY, JOHN P	3921 WEST STRATFORD ROAD	VIRGINIA BEACH VA 23455
~~MR~~ MGRM	ZIMMERLY, ARTHUR G	5113 HARVEY GRANT ROAD	ORANGE PARK FL 32003 US
	REINSTATEMENT 09-11		

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 608.508, 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; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager _____ Date 06/15/2011 Daytime Phone # 904-504-0457

Typed or printed name of signing Managing Member/Manager _____