

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 13 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L05000044142**

1. Limited Liability Company's Name

JBW Properties, LLC

04/10/09--01020--027 **138.75

200138438572

05/15/09--01002--004 **138.75

CR2E041 (10/08)

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

3930 Villa San Jose Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

3930 Villa San Jose Dr.

Suite, Apt. #, etc.

City & State

Jacksonville, FL 32217

Zip Country

32217 USA

City & State

Jacksonville, FL

Zip Country

32217 USA

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

5/04/2005

6. FEI Number

☒ 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

William Joseph

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

3930 Villa San Jose Dr.

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32217

☒ 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

William Joseph

REGISTERED AGENT MUST SIGN

Date **11/25/08**

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
MEM	William Joseph	3930 Villa San Jose Dr. Jacksonville, FL 32207	Jacksonville, FL 32217

200138438572

12/04/08--01027--004 **138.75

REINSTATEMENT-07-08+09

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

William Joseph

Date **11-25-08**

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

cd