


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUL 25 AM 8:39

CR2E041 (12/07)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000051432

1. Limited Liability Company's Name
JKCLLC

| | | | |
|-----------------------------------------------------------------------------------------------|-----------------------|-----------------------------------------------------------------------------|-----------------------|
| 2. Principal Office Address - No P.O. Box # <u>122 Annie Street</u> Suite, Apt. #, etc. | | 3. Mailing Office Address <u>122 Annie Street</u> Suite, Apt. #, etc. | |
| City & State <u>Orlando, Florida</u> | | City & State <u>Orlando, Florida</u> | |
| Zip <u>32806</u> | Country <u>USA</u> | Zip <u>32806</u> | Country <u>USA</u> |

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida 9-15-2006

6. FEI Number
20-2962104

| | |
|----------------|--|
| 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
Joleen Chapman

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

Suite, Apt. #, Etc.

City
Orlando, FL

State
FL

Zip Code
32806

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 Joleen Chapman Date 7/9/08

REGISTERED AGENT MUST SIGN

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 | Joleen Chapman | 122 Annie Street | Orlando, FL 32806 |
| MGR | RICHARD KENT CHAPMAN | 122 ANNIE STREET | ORLANDO, F 32806 |
| | | | |
| | | | |
| | | | |
| | | | |

FF \$416.25

REINSTATEMENT

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06-08/08

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 Joleen Chapman Date 7/9/08 Daytime Phone # 407-943-2811

Typed or printed name of signing Managing Member/Manager Joleen Chapman