

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JAN -7 PM 12:57

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # L05000051513

1. Limited Liability Company's Name

JAK JAIL, LLC

00000000-01032--002 **100.00

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

5609 NW 69th Lane

Suite, Apt. #, etc.

3. Mailing Office Address

57ME

Suite, Apt. #, etc.

City & State

Gainesville FL

City & State

F

Zip 32653

Country

USA

Zip

Country

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

5/19/2005

6. FEI Number

NONE

☒ 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

LORCHE, JAMES G. ESQ.

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

4041-B NW 37th Place

Suite, Apt. #, Etc.

6

City

Gainesville FL

State

FL

Zip Code

32606

☒ 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 January 27, 2007

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	Douglas A. Coran	5609 NW 69th Lane	Gainesville FL 32653

REINSTATEMENT

06-07
GA 1/7

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

12/21/07

Daytime Phone #

(352) 375-1881

Typed or printed name of signing Managing Member/Manager

Douglas A. Coran