

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

08 FEB 20 PM 1:53

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CR2E041 (12/07)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LO5 0000 57808

1. Limited Liability Company's Name

ESSAY CHAN'S, LLC W0800005451

| | | | |
|--|----------------|----------------------------------|----------------|
| 2. Principal Office Address - No P.O. Box # | | 3. Mailing Office Address | |
| <u>3220 DEER CHASE RUN</u> | | <u>3220 DEER CHASE RUN</u> | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| <u>LONGWOOD, FL</u> | | <u>LONGWOOD, FL</u> | |
| Zip | Country | Zip | Country |
| <u>32779</u> | <u>USA</u> | <u>32779</u> | <u>USA</u> |

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
6/10/2005

| | |
|----------------------|--|
| 6. FEI Number | Applied For |
| <u>20-2151656</u> | <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> 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
Tim Murray

Street Address (P.O. Box Number is Not Acceptable)
3220 Deer Chase Run

Suite, Apt. #, Etc.

City
Longwood

State
FL

Zip Code
32779

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 Tim Murray **REGISTERED AGENT MUST SIGN**

Date 1/28/08

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 |
|-------------|-----------------------------------|--|---------------------------|
| <u>MGRM</u> | <u>Tim Murray</u> | <u>3220 Deer Chase Run</u> | <u>Longwood, FL 32779</u> |
| | | | |
| | | | |
| | | | |

800116337838
01/29/08--01020--004 **143.75

REINSTATEMENT 800116337838
02/15/08--01031--005 **272.50

06-08

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 Tim Murray **Date** 1/28/08 **Daytime Phone #** 407-687-8272

Typed or printed name of signing Managing Member/Manager Tim Murray

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**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 FEB 20 PM 12: 18

DOCUMENT #

1. Limited Liability Company's Name

J&C White Enterprises LLC

900117825979
02/12/08--01013--013 **555.00
CRZE041 (12/07)

| | | | |
|---|-----------------------|---------------------------|---------|
| 2. Principal Office Address - No P.O. Box # 5326 Faywood Ct | | 3. Mailing Office Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Orlando, FL | | City & State | |
| Zip 32819 | Country USA | Zip | Country |

| | |
|--|--|
| 4. State/Country of Formation Florida, USA | |
| 5. Date Organized or Qualified To Do Business in Florida 03/03/2003 | |
| 6. FEI Number 65-1185854 | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status | |

8. Name and Address of Current Registered Agent

Name
Jon White

Street Address (P.O. Box Number is Not Acceptable)
5326 Faywood Ct

Suite, Apt. #, Etc.

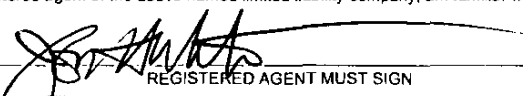
City
Orlando

State
FL

Zip Code
32819

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  Date **JAN 18, 2008**

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 | Jon White | 5326 Faywood Ct | Orlando, FL 32819 |
| MGR | Christine White | 5326 Faywood Ct | Orlando, FL 32819 |
| REINSTATEMENT 2004-2005 | | | |

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  Date **1/18/2008** Daytime Phone # **321-297-6572**

Typed or printed name of signing Managing Member/Manager **JON H. WHITE**