

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 JUL 23 PM 12:21

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L05000082541

1. Limited Liability Company's Name

PAIR OF JACKS, LLC

CR2E041 (12/07)

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

8829 Hackney Prairie Rd

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32818

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

20-3397757

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

Dudley Q. Sharp, Jr.

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

369 N. NEW YORK AVE

Suite, Apt. #, Etc.

3rd Floor

City

Winter Park

State

FL

Zip Code

32789

☒ 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

6/27/08

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
MGR	JACK CLAIBORNE	8829 Hackney Prairie Rd	Orlando, Florida 32818

300132890353
07/14/08-01052--009 **416.25

REINSTATEMENT

[Signature]

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

6/27/08

Daytime Phone #

407-516-9486

Typed or printed name of signing Managing Member/Manager

JACK CLAIBORNE