

FILED CANCELLED  
RETURNED CHECK

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L05000116948

1. Limited Liability Company's Name

DRAGONFLY PARTNERS, LLC

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

1506 Prudential Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

(Same)

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Zip

32207

Country

USA

Zip

Country

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified  
To Do Business in Florida

12/07/2005

6. FEI Number

20-3895799

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

J2 Maritime Investments, LLC

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

1506 Prudential Drive

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32207

☒ 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

REGISTERED AGENT MUST SIGN

Date

2/10/2010

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
MBR	J2 Maritime Investments, LLC	1506 Prudential Dr.	Jacksonville, FL 32207

REINSTATEMENT -09-10

11. E-mail Address:

(To be used for future annual report notifications)

12. 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

2/10/2010

Daytime Phone #

(904) 307-2556

Typed or printed name of signing Managing Member/Manager

Joy L. Halseth for J2 Maritime Investments, LLC