

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 MAR 19 PM 2:23

DOCUMENT # LD06000015624

1. Limited Liability Company's Name

JAD LLC

**REINSTATEMENT 11-13**

CR2E041 (1/11)

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

3605 Tibet Drive

Suite, Apt #, etc.

3. Mailing Office Address

3605 Tibet Drive

Suite, Apt #, etc.

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

May 4, 2006

6. FEI Number

743164442

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

City & State

Gulf Breeze, FL

City & State

Gulf Breeze, FL

Zip

32563

Country

US

Zip

32563

Country

US

8. Name and Address of Current Registered Agent

Name

JOSEPH A. DE STEFANO, P.E.

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

3605 Tibet Drive

Suite, Apt #, Etc.

E-mail Address:

500245372715  
03/05/13--01014--005 \*\*521.25

joede1947@aol.com

(To be used for future annual report notices)

City

Gulf Breeze,

State

FL

Zip Code

32563

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

Joseph A. DeStefano  
REGISTERED AGENT MUST SIGN

Date 2/27/13

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
MGRM	Joseph A. De Stefano	3605 Tibet Drive	Gulf Breeze, FL 32563
			MAR 19 2013
			T. CAULEY

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing  
Member/Manager

Joseph A. DeStefano

Date 2/27/13

Daytime Phone # (850) 884-3779

Typed or printed name of signing Managing Member/Manager Joseph A. De Stefano